

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
A4206*		SYRINGE WITH NEEDLE STERILE 1CC			\$0.23
A4207*		SYRINGE WITH NEEDLE STERILE 2CC			\$0.23
A4208*		SYRINGE WITH NEEDLE STERILE 3CC			\$0.23
A4209*		SYRINGE WITH NEEDLE STERILE 5CC OR GREATER			\$0.23
A4210*		NEEDLE FREE INJECTION DEVICE			\$446.81
A4211*		SUPPLIES FOR SELF-ADMINISTERED INJECTIONS		80% OF BILLED	
A4212*		NON-CORING NEEDLE			\$3.38
A4213*		SYRINGE STERILE 20 CC OR GREATER			\$0.67
A4214*		STERILE SALINE OR WATER 30 CC VIAL			\$1.66
A4215*		NEEDLES ONLY STERILE ANY SIZE			\$0.96
A4220*		REFILL KIT FOR IMPLANTABLE INFUSION PUMP		80% OF BILLED	
A4221*		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER PER WEEK			\$20.02
A4222*		SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP PER CASSETTE OR BA			\$39.73
A4230*		INFUSION SET FOR EXTERNAL INSULIN PUMP NON-NEEDLE		80% OF BILLED	
A4231*		INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE		80% OF BILLED	
A4232*		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP		80% OF BILLED	
A4244*		ALCOHOL OR PEROXIDE PER PINT			\$3.10
A4245*		ALCOHOL WIPES PER BOX		80% OF BILLED	
A4246*		BETADINE OR PHISOHEX SOLUTION PER PINT		80% OF BILLED	
A4247*		BETADINE OR IODINE SWABS/WIPES PER BOX			\$3.49
A4250*		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRI		80% OF BILLED	
A4253*		BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE			\$40.58
A4254*		REPLACEMENT BATTERY FOR USE W/HOME BLOOD GLUCOSE MONITOR			\$4.70
A4255*		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR 50 PER BOX			\$3.82
A4256*		NORMAL LOW AND HIGH CALIBRATOR SOLUTION / CHIPS			\$10.08
A4257*		REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN			\$12.36
A4258*		SPRING-POWERED DEVICE FOR LANCET EACH			\$17.12
A4259*		LANCETS PER BOX			\$11.23
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE		80% OF BILLED	
A4265		PARAFFIN		80% OF BILLED	
A4270		DISPOSABLE ENDOSCOPE SHEATH EACH		80% OF BILLED	
A4280		ADHESIVE SKIN SUPPORT ATTACH/USE W/EXTERNAL BREAST PROSTHESI			\$4.60
A4305		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 50 ML OR GREAT			\$19.13
A4306		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 5 ML OR LESS P			\$19.13
A4310*		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (AC			\$8.92
A4311*		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER		80% OF BILLED	

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A4312*		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER			80% OF BILLED
A4313*		INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TYP			80% OF BILLED
A4314*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			\$27.58
A4315*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			80% OF BILLED
A4316*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			80% OF BILLED
A4319*		STERILE WATER IRRIGATION SOLUTION, 1000 ML.			\$5.88
A4320*		IRRIGATION TRAY FOR BLADDER			\$5.31
A4321*		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION			80% OF BILLED
A4322*		IRRIGATION SYRINGE BULB OR PISTON			80% OF BILLED
A4323*		STERILE SALINE IRRIGATION SOLUTION 1000 ML.			80% OF BILLED
A4324*		MALE EXT CATH W/ADH COATING			\$2.02
A4325*		MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH.			\$1.68
A4326*		MALE EXTERNAL CATHETER SPECIALTY TYPE EG; INFLATABLE FACE			80% OF BILLED
A4327*		FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP EACH			80% OF BILLED
A4328*		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH EACH			80% OF BILLED
A4330*		PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE			\$2.26
A4331*		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR			\$2.96
A4332*		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH.			\$0.12
A4333*		URINARY CATHETER ANCHORING DEVICE, ADHESIVE, EACH.			\$2.05
A4334*		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH.			\$4.59
A4335*		INCONTINENCE SUPPLY; MISCELLANEOUS			80% OF BILLED
A4338*		INDWELLING CATHETER; FOLEY TYPE TWO-WAY LATEX WITH COATING			\$11.23
A4340*		INDWELLING CATHETER; SPECIALTY TYPE EG; COUDE MUSHROOM WI			80% OF BILLED
A4344*		INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE			\$9.67
A4346*		INDWELLING CATHETER; FOLEY TYPE THREE WAY FOR CONTINUOUS IR			\$7.00
A4347*		MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE WITH OR WIT			80% OF BILLED
A4348*		MALE EXTERNAL CATHETER, WITH INTEGRAL COLLECTION COMPARTMENT.			\$25.86
A4351*		INTERMITTENT URINARY CATHETER; STRAIGHT TIP			\$1.51
A4352*		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP			80% OF BILLED
A4353*		INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES			\$6.50
A4354*		INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER			\$5.49
A4355*		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THRO			\$6.28
A4356*		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE EACH			\$50.62
A4357*		BEDSIDE DRAINAGE BAG DAY OR NIGHT WITH OR WITHOUT ANTI REF			\$6.34
A4358*		URINARY LEG BAG; VINYL WITH OR WITHOUT TUBE			\$5.01
A4359*		URINARY SUSPENSORY WITHOUT LEG BAG			\$30.97

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A4361*		OSTOMY FACEPLATE			\$9.29
A4362*		OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT			\$8.14
A4364*		OSTOMY SKIN BOND OR CEMENT			\$7.89
A4365*		OSTOMY ADHESIVE REMOVER WIPES 50 PER BOX			\$10.52
A4367*		OSTOMY BELT			\$11.81
A4369*		OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC) PER OZ.			\$1.91
A4371*		OSTOMY SKIN BARRIER POWDER PER OZ.			\$3.34
A4372*		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV STNDRD WEAR EACH			\$3.88
A4373*		OSTOMY SKIN BARRIER W/FLANGE STNDRD WEAR ANY SIZE EACH			\$5.83
A4375*		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED PLASTIC EACH			\$15.95
A4376*		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED RUBBER EACH			\$44.20
A4377*		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLASTIC EACH			\$3.98
A4378*		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH			\$28.57
A4379*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH			\$13.96
A4380*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH			\$34.67
A4381*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED RUBBER EACH			\$4.29
A4382*		OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EA			\$22.87
A4383*		OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH			\$26.19
A4384*		OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH			\$8.94
A4385*		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXTND WEAR EACH			\$4.73
A4387*		OSTOMY POUCH CLOSED W/STNDRD WEAR BARRIER W/CONVEXITY EACH			\$3.73
A4388*		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/OUT CONVEX EA			\$4.05
A4389*		OSTOMY POUCH DRAINABLE W/STNDRD WEAR BARRIER W/CONVEX EACH			\$5.78
A4390*		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/CONVEX EACH			\$8.93
A4391*		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/OUT CONVEX EACH			\$6.56
A4392*		OSTOMY POUCH URINARY W/STNDRD WEAR BARRIER W/CONVEX EACH			\$6.18
A4393*		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/CONVEXITY EACH			\$8.52
A4394*		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH LIQUID PER FL OZ			\$2.40
A4395*		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH SOLID PER TABLET			\$0.05
A4396*		OSTOMY BELT, WITH PERISTOMAL HERNIA SUPPORT.			\$37.61
A4397*		IRRIGATION SUPPLY; SLEEVE		80% OF BILLED	
A4398*		IRRIGATION SUPPLY; BAGS		80% OF BILLED	
A4399*		IRRIGATION SUPPLY; CONE/CATHETER		80% OF BILLED	
A4400*		IRRIGATION SET FOR IRRIGATION OF OSTOMY			\$48.43
A4402*		OSTOMY LUBRICANT - PER OUNCE			\$1.88
A4404*		OSTOMY RINGS EACH		80% OF BILLED	

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A4405*		NONPECTIN BASED OSTOMY PASTE			\$3.40
A4406*		PECTIN BASED OSTOMY PASTE			\$5.74
A4407*		EXT WEAR OST SKN BARR <=4SQö			\$8.76
A4408*		EXT WEAR OST SKN BARR >4SQö			\$9.87
A4409*		1ST SKN BARR W FLNG <=4 SQö			\$6.22
A4410*		OST SKN BARR W FLNG >4SQ¾			\$9.04
A4413*		2 PC DRAINABLE OST POUCH			\$5.50
A4414*		OSTOMY SKNBARR W FLNG <=4SQö			\$4.93
A4415*		OSTOMY SKN BARR W FLNG >4SQö			\$6.00
A4421*		NOT OTHERWISE CLASSIFIED OSTOMY SUPPLIES		80% OF BILLED	
A4422*		OST POUCH ABSORBENT MATERIAL			\$0.12
A4450*		NON-WATERPROOF TAPE			\$0.09
A4452*		WATERPROOF TAPE			\$0.36
A4455*		ADHESIVE REMOVER OR SOLVENT		80% OF BILLED	
A4458*		REUSABLE ENEMA BAG		80% OF BILLED	
A4462*		ABDOMINAL DRESSING HOLDER/BINDER EACH		80% OF BILLED	
A4465*		NON-ELASTIC BINDER FOR EXTREMITY		80% OF BILLED	
A4470*		GRAVLEE JET WASHER		80% OF BILLED	
A4480*		VABRA ASPIRATOR		80% OF BILLED	
A4481*		THRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH			\$0.36
A4483*		MOISTURE EXCHANGER DISP. FOR USE WITH INVASIVE MECH VENTILA		80% OF BILLED	
A4490*		SURGICAL STOCKINGS ABOVE KNEE LENGTH EACH			\$28.81
A4495*		SURGICAL STOCKINGS THIGH LENGTH EACH			\$28.81
A4500*		SURGICAL STOCKINGS BELOW KNEE LENGTH EACH			\$28.81
A4510*		SURGICAL STOCKINGS FULL LENGTH EACH			\$28.81
A4521		ADULT SIZE DIAPER SM EACH			\$0.73
A4522		ADULT SIZE DIAPER MED EACH			\$0.73
A4523		ADULT SIZE DIAPER LG EACH			\$0.73
A4524		ADULT SIZE DIAPER XL EACH			\$0.73
A4529		CHILD SIZE DIAPER SM/MED EA			\$0.73
A4530		CHILD SIZE DIAPER LG EACH			\$0.73
A4533		YOUTH SIZE DIAPER EACH			\$0.73
A4535		DISP INCONT LINER/SHIELD EA			\$0.41
A4536		PROT UNDERWR WSHBL ANY SZ EA		80% OF BILLED	
A4537		UNDER PAD REUSABLE ANY SZ EA		80% OF BILLED	
A4554*		DISPOSABLE UNDERPADS ALL SIZES (E.G. CHUX'S)			\$0.35

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A4556		ELECTRODES (E.G. APNEA MONITOR)			\$10.51
A4557		LEAD WIRES (E.G. APNEA MONITOR)			\$15.97
A4558		CONDUCTIVE PASTE OR GEL			80% OF BILLED
A4561		PESSARY, RUBBER, ANY TYPE.			\$17.93
A4562		PESSARY, NON RUBBER, ANY TYPE.			\$44.63
A4565		SLINGS			\$8.68
A4570		SPLINT			\$23.48
A4575		TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE			80% OF BILLED
A4580		CAST SUPPLIES (E.G. PLASTER)			80% OF BILLED
A4590		SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)			\$21.74
A4595		TENS SUPPLIES 2 LEAD PER MONTH			\$27.37
A4606		OXYGEN PROBE USED W OXIMETER		Y	80% OF BILLED
A4608		TRANSTRACHEAL OXYGEN CATHETER, EACH.		Y	\$56.80
A4609*		TRACH SUCTION CATH CLSD SYS			\$14.30
A4610*		MEDICATION SUPPLIES TO BE USED IN DURABLE MEDICAL EQUIPMENT			\$22.34
A4611*		BATTERY HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATO		Y	80% OF BILLED
A4612*		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		Y	\$64.38
A4612* RR		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		Y	\$6.44
A4613*		BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		Y	\$116.17
A4613* RR		BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		Y	\$11.63
A4614*		PEAK EXPIRATORY FLOW RATE METER HAND HELD			\$22.54
A4615*		CANNULA NASAL		Y	\$2.50
A4616*		TUBING UNSPECIFIED LENGTH			\$0.43
A4617*		MOUTH PIECE		Y	\$0.66
A4618*		BREATHING CIRCUITS		Y	\$3.78
A4620*		VARIABLE CONCENTRATION MASK			\$3.64
A4621*		TRACHEOTOMY MASK OR COLLAR			\$1.90
A4622*		TRACHEOSTOMY OR LARYNGECTOMY TUBE			\$57.83
A4623*		TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)			\$6.19
A4624*		TRACHEAL SUCTION CATHETER ANY TYPE EACH			\$2.71
A4625*		TRACHEOSTOMY CARE OR CLEANING STARTER KIT			\$5.12
A4626*		TRACHEOSTOMY CLEANING BRUSH EACH			80% OF BILLED
A4627*		SPACER BAG OR RESERVOIR WITH OR WITHOUT MASK FOR USE WITH			80% OF BILLED
A4628*		OROPHARYNGEAL SUCTION CATHETER EACH			\$3.56
A4629*		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY			\$4.39
A4630		REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED B			\$26.74

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A4631		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WH			80% OF BILLED
A4632*		INFUS PUMP RPLCEMNT BATTERY		Y	80% OF BILLED
A4633		UVL REPLACEMENT BULB			\$41.04
A4634		REPLACEMENT BULB TH LIGHTBOX			80% OF BILLED
A4635		UNDERARM PAD CRUTCH REPLACEMENT EACH			80% OF BILLED
A4636		REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH			80% OF BILLED
A4637		REPLACEMENT TIP CANE CRUTCH WALKER EACH.			\$1.69
A4639		INFRARED HT SYS REPLCMNT PAD			\$287.21
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATIN			\$68.68
A4649		SURGICAL SUPPLY; MISCELLANEOUS			80% OF BILLED
A4651		CALIBRATED MICROCAPILLARY TUBE, EACH			80% OF BILLED
A4652		MICROCAPILLARY TUBE SEALANT, EACH			80% OF BILLED
A4653		PD CATHETER ANCHOR BELT			80% OF BILLED
A4656		NEEDLE, ANY SIZE, FOR DIALYSIS, EACH			80% OF BILLED
A4657		SYRINGE, WITH OR WITHOUT NEEDLE, FOR DIALYSIS, EACH			80% OF BILLED
A4660		SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH			80% OF BILLED
A4663		BLOOD PRESSURE CUFF ONLY			80% OF BILLED
A4670		AUTOMATIC BLOOD PRESSURE MONITOR			80% OF BILLED
A4680		ACTIVATED CARBON FILTERS FOR DIALYSIS			80% OF BILLED
A4690		DIALYZERS (ARTIFICIAL KIDNEYS) ALL BRANDS ALL SIZES PER UNI	Y		80% OF BILLED
A4706		BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER			80% OF BILLED
A4707		BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET			80% OF BILLED
A4708		ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON			80% OF BILLED
A4709		ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON			80% OF BILLED
A4712		WATER STERILE			80% OF BILLED
A4714		TREATED WATER (DEIONIZED DISTILLED REVERSE OSMOSIS)			80% OF BILLED
A4719		"Y SET" TUBING FOR PERITONEAL DIALYSIS, EACH			80% OF BILLED
A4720		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4721		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4722		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4723		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4724		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4725		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4726		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			80% OF BILLED
A4730		FISTULA CANNULATION SET FOR DIALYSIS ONLY			80% OF BILLED
A4736		TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM			80% OF BILLED

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A4737		INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML			80% OF BILLED
A4740		SHUNT ACCESSORIES FOR DIALYSIS ONLY			80% OF BILLED
A4750		BLOOD TUBING ARTERIAL OR VENOUS EACH			80% OF BILLED
A4755		BLOOD TUBING ARTERIAL AND VENOUS COMBINED			80% OF BILLED
A4760		DIALYSATE STANDARD TESTING SOLUTION SUPPLIES			80% OF BILLED
A4765		DIALYSATE CONCENTRATE ADDITIVES EACH			80% OF BILLED
A4766		DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL			80% OF BILLED
A4770		BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)			80% OF BILLED
A4771		SERUM CLOTTING TIME TUBE PER BOX			80% OF BILLED
A4772*		DEXTROSTICK OR GLUCOSE TEST STRIPS PER BOX			80% OF BILLED
A4773		HEMOSTIX PER BOTTLE			80% OF BILLED
A4774		AMMONIA TEST PAPER PER BOX			80% OF BILLED
A4802		PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG			80% OF BILLED
A4860		DISPOSABLE CATHETER CAPS			80% OF BILLED
A4870		PLUMBING AND/OR ELECTRICAL WORK FOR HOME DIALYSIS EQUIPMENT	Y		80% OF BILLED
A4890		CONTRACTS REPAIR AND MAINTENANCE FOR HOME DIALYSIS			80% OF BILLED
A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH			80% OF BILLED
A4913		MISCELLANEOUS DIALYSIS SUPPLIES NOT IDENTIFIED ELSEWHERE B			80% OF BILLED
A4918		VENOUS PRESSURE CLAMPS EACH			80% OF BILLED
A4927		GLOVES STERILE OR NON-STERILE PER PAIR			80% OF BILLED
A4928		SURGICAL MASK, PER 20			80% OF BILLED
A4929		TOURNIQUET FOR DIALYSIS, EACH			80% OF BILLED
A4930		STERILE GLOVES PER PAIR			80% OF BILLED
A4931		REUSABLE ORAL THERMOMETER			80% OF BILLED
A4932		REUSABLE RECTAL THERMOMETER			80% OF BILLED
A5051*		POUCH CLOSED; WITH BARRIER ATTACHED (1 PIECE)			\$2.50
A5052*		POUCH CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)			80% OF BILLED
A5053*		POUCH CLOSED; FOR USE ON FACEPLATE			80% OF BILLED
A5054*		POUCH CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)			\$1.87
A5055*		STOMA CAP			80% OF BILLED
A5062*		POUCH DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)			80% OF BILLED
A5063*		POUCH DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SY			\$2.15
A5071*		POUCH URINARY; WITH BARRIER ATTACHED (1 PIECE)			\$5.87
A5072*		POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)			80% OF BILLED
A5073*		POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)			\$3.31
A5081*		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA			80% OF BILLED

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Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
A5082*		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA			80% OF BILLED
A5093*		OSTOMY ACCESSORY; CONVEX INSERT			\$1.97
A5102*		BEDSIDE DRAINAGE BOTTLE RIGID OR EXPANDABLE			80% OF BILLED
A5105*		URINARY SUSPENSORY; WITH LEG BAG WITH OR WITHOUT TUBE			80% OF BILLED
A5112*		URINARY LEG BAG; LATEX			80% OF BILLED
A5113*		LEG STRAP; LATEX REPLACEMENT ONLY PER SET			80% OF BILLED
A5114*		LEG STRAP; FOAM OR FABRIC REPLACEMENT ONLY PER SET			\$9.56
A5119*		SKIN BARRIER; WIPES BOX PER 50			\$9.11
A5121*		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH			80% OF BILLED
A5122*		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH			80% OF BILLED
A5126*		ADHESIVE; DISC OR FOAM PAD			80% OF BILLED
A5131*		APPLIANCE CLEANER INCONTINENCE AND OSTOMY APPLIANCES PER 1			80% OF BILLED
A5200*		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHES SKIN ATTA			\$10.70
A5500*		(DIAB.) FITTING CUSTOM PREP AND SUPPLY OF DEPTH-INLAY SHOE		Y	80% OF BILLED
A5501*		(DIAB.) FITTING/CUSTOM PREP/SUPPLY OF SHOE MOLDED FROM CAST		Y	80% OF BILLED
A5503*		(DIAB.) MODIF. OF DEPTH-INLAY OR CUST MOLDED SHOE W/ROLLER		Y	80% OF BILLED
A5504*		(DIAB.) MOD. OF DEPTH-INLAY SHOE OR CUST MOLDED SHOE W/WEDGE		Y	80% OF BILLED
A5505*		(DIAB.) MOD OF DEPTH-INLAY SHOE OR CUS MOLDED SHOE W/MT BAR		Y	80% OF BILLED
A5506*		(DIAB.) MOD OF DEPTH-INLAY OR CUS MOLDED SHOE W/OFFSET HEEL		Y	80% OF BILLED
A5507*		(DIAB.) NOS MOD OF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE		Y	80% OF BILLED
A5508*		DIABETICS ONLY DELUXE FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE		Y	80% OF BILLED
A5509*		FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL		Y	80% OF BILLED
A5510*		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO		Y	80% OF BILLED
A5511*		FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT,		Y	80% OF BILLED
A6000		NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-			80% OF BILLED
A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN			\$29.82
A6011		COLLAGEN GEL/PASTE WOUND FIL			\$2.28
A6020		COLLAGEN BASED WOUND DRESSING, EACH DRESSING			80% OF BILLED
A6021		COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH.			\$20.49
A6022		COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. LESS 48 SQ. IN., EA.			\$19.53
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH.			\$176.79
A6024		COLLAGEN DRESSING, WOUND FILLER, PER 6 INCHES.			\$5.75
A6025		SILICONE GEL SHEET EACH			80% OF BILLED
A6154		WOUND POUCH EACH			80% OF BILLED
A6196		ALGINATE DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS EACH			\$6.83
A6197		ALGINATE DRESSING >16 <= 48 SQ INCHES - EACH DRESSING			\$15.27

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A6198		ALGINATE DRESSING PAD SIZE MORE THAN 48 SQ IN EACH			80% OF BILLED
A6199		ALGINATE DRESSING WOUND FILLER PER 6 INCHES			\$4.91
A6200		COMPOSITE DRESSING PAD SIZE =< 16 SQ IN W/OUT ADHES BORDR			\$9.00
A6201		COMPOSITE DRESSING PAD SIZE>16 & <= 48 SQ IN W/OUT ADH BDR			\$19.71
A6202		COMPOSITE DRESSING PAD SIZE >48 SQ IN W/OUT ADHES BORDER			\$33.06
A6203		COMPOSITE DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$3.11
A6204		COMPOSITE DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$5.79
A6205		COMPOSITE DRESSING MORE THAN 48 SQ IN ADHESIVE BORDER EACH			\$4.45
A6206		CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING			\$0.94
A6207		CONTACT LAYER MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN EACH			\$6.82
A6208		CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING			\$3.33
A6209		FOAM DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EACH			\$6.95
A6210		FOAM DRESSING WOUND COVER >16 <= 48 SQ. IN W/O ADHES BORDER			\$18.51
A6211		FOAM DRESSING WOUND COVER >48 SQ IN W/O ADHESIVE BORDER EA			\$27.28
A6212		FOAM DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$9.01
A6213		FOAM DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN W/ADH			80% OF BILLED
A6214		FOAM DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EACH			\$9.56
A6215		FOAM DRESSING WOUND FILLER PER GRAM			\$2.27
A6216		GAUZE NON-IMPREGNATED NON-STERILE 16 SQ IN OR LESS W/O ADH B			\$0.05
A6217		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 16 LESS THAN/EQU			\$0.39
A6218		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 48 SQ IN W/O ADH			\$0.56
A6219		GAUZE NON-IMPREGNATED 16 SQ IN OR LESS W/ADHESIVE BORDER EA			\$0.89
A6220		GAUZE NON-IMPREGNATED MORE THAN 16 LESS THAN/EQUAL TO 48 SQ			\$2.40
A6221		GAUZE NON-IMPREGNATED MORE THAN 48 SQ IN W/ADHESIVE BORDER E			80% OF BILLED
A6222		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE 16 SQ IN			\$1.98
A6223		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA			\$2.24
A6224		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA			\$3.35
A6228		GAUZE IMPREGNATED WATER OR NORMAL SALINE 16 SQ IN OR LESS W			80% OF BILLED
A6229		GAUZE IMPREGANTED WATER OR NORMAL SALINE MORE THAN 16 LESS T			\$3.35
A6230		GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 48 SQ IN			80% OF BILLED
A6231		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, EACH.			\$4.34
A6232		GAUZE, IMPREGNATED, HYDROGEL, GREATER THAN 16 SQ. IN., EACH.			\$6.40
A6233		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., EACH.			\$17.82
A6234		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER			\$6.08
A6235		HYDROCOLLOID DRESSING MORE THAN 16 SQ IN LESS THAN/EQUAL T			\$15.63
A6236		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDE			\$25.31

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A6237		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER			\$7.34
A6238		HYDROCOLLOID DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ			\$21.17
A6239		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER			\$17.77
A6240		HYDROCOLLOID DRESSING WOUND FILLER PASTE PER FLUID OUNCE			\$11.38
A6241		HYDROCOLLOID DRESSING WOUND FILLER DRY FORM PER GRAM			\$2.39
A6242		HYDROGEL DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EA			\$5.64
A6243		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$11.44
A6244		HYDROGEL DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDER			\$36.49
A6245		HYDROGEL DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$6.75
A6246		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$9.21
A6247		HYDROGEL DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EA			\$22.09
A6248		HYDROGEL DRESSING WOUND FILLER GEL PER FLUID OUNCE			\$15.09
A6250		SKIN SEALANTS PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE		80% OF BILLED	
A6251		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/O ADHESIV			\$1.85
A6252		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL			\$3.02
A6253		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/O ADHES			\$5.89
A6254		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/ADHESIVE			\$1.13
A6255		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL			\$2.81
A6256		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/ADHESIVE		80% OF BILLED	
A6257		TRANSPARENT FILM 16 SQ. IN. OR LESS EACH DRESSING			\$1.42
A6258		TRANSPARENT FILM MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$3.99
A6259		TRANSPARENT FILM MORE THAN 48 SQ. IN. EACH DRESSING			\$10.16
A6260		WOUND CLEANSERS ANY TYPE ANY SIZE		80% OF BILLED	
A6261		WOUND FILLER GEL/PASTE PER FLUID OUNCE NOT ELSEWHERE CLAS		80% OF BILLED	
A6262		WOUND FILLER DRY FORM PER GRAM NOT ELSEWHERE CLASSIFIED		80% OF BILLED	
A6266		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE ANY W			\$1.78
A6402		GAUZE NON-IMPREGNATED STERILE 16 SQ IN OR LESS W/O ADHESI			\$0.12
A6403		GAUZE NON-IMPREGNATED STERILE MORE THAN 16 LESS THAN/EQUAL			\$0.40
A6404		GAUZE NON-IMPREGNATED STERILE MORE THAN 48 SQ IN W/O ADHESIV		80% OF BILLED	
A6410		STERILE EYE PAD			\$0.39
A6411		NON-STERILE EYE PAD		80% OF BILLED	
A6412		OCCLUSIVE EYE PATCH		80% OF BILLED	
A6421		PAD BANDAGE >=3 <5IN W /ROLL		80% OF BILLED	
A6422		CONF BANDAGE NS >=3<5öW/ROLL		80% OF BILLED	
A6424		CONF BANDAGE NS >=5öW /ROLL		80% OF BILLED	
A6426		CONF BANDAGE S >=3<5ö W/ROLL		80% OF BILLED	

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A6428		CONF BANDAGE S >=5ö W /ROLL			80% OF BILLED
A6430		LT COMPRES BDG >=3<5öW /ROLL			80% OF BILLED
A6432		LT COMPRES BDG >=5öW /ROLL			80% OF BILLED
A6434		MO COMPRES BDG >=3<5öW /ROLL			80% OF BILLED
A6436		HI COMPRES BDG >=3<5öW /ROLL			80% OF BILLED
A6438		SELF-ADHER BDG >=3<5öW /ROLL			80% OF BILLED
A6440		ZINC PASTE BDG >=3<5öW /ROLL			\$11.38
A6501		COMPRES BURNGARMENT BODYSUIT			80% OF BILLED
A6502		COMPRES BURNGARMENT CHINSTRP			80% OF BILLED
A6503		COMPRES BURNGARMENT FACEHOOD			80% OF BILLED
A6504		CMPRSBURNGARMENT GLOVE-WRIST			80% OF BILLED
A6505		CMPRSBURNGARMENT GLOVE-ELBOW			80% OF BILLED
A6506		CMPRSBURNGRMNT GLOVE-AXILLA			80% OF BILLED
A6507		CMPRS BURNGARMENT FOOT-KNEE			80% OF BILLED
A6508		CMPRS BURNGARMENT FOOT-THIGH			80% OF BILLED
A6509		COMPRES BURN GARMENT JACKET			80% OF BILLED
A6510		COMPRES BURN GARMENT LEOTARD			80% OF BILLED
A6511		COMPRES BURN GARMENT PANTY			80% OF BILLED
A6512		COMPRES BURN GARMENT NOC			80% OF BILLED
A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH			\$8.86
A7001		CANISTER NON-DISPOSABLE USED WITH SUCTION PUMP EACH			\$30.73
A7002		TUBING USED WITH SUCTION PUMP EACH			\$3.56
A7003		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB DISPOS		Y	\$2.54
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE		Y	\$1.68
A7005		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB NON-DISP		Y	\$28.64
A7006		ADMIN SET W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		Y	\$8.86
A7007		LARGE VOLUME NEB DISP UNFILLED USED W/ AEROSOL COMPRESSOR		Y	\$4.29
A7008		LARGE VOLUME NEB DISP PREFILLED USED W/ AEROSOL COMPRESSOR		Y	\$10.22
A7009		RESERVOIR BOTTLE NON-DISPOS USED W/ LG VOL ULTRASONIC NEB		Y	\$39.06
A7010		CORRUGATED TUBING DISPOSABLE USED W/LG VOLUME NEB 100 FT		Y	\$21.92
A7011		CORRUGATED TUBING NON-DISPOS USED W/ LG VOLUME NEB 10 FT		Y	80% OF BILLED
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOLUME NEBULIZER		Y	\$3.52
A7013		FILTER DISPOSABLE USED WITH AEROSOL COMPRESSOR		Y	\$0.77
A7014		FILTER NON-DISPOS USED W/ AEROSOL COMPRESSOR OR U/S GENERA		Y	\$4.17
A7015		AEROSOL MASK USED WITH DME NEBULIZER		Y	\$1.74
A7016		DOME AND MOUTHPIECE USED W/SM VOLUME ULTRASONIC NEBULIZER		Y	\$6.73

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A7017		DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2		Y	\$124.53
A7017	RR	DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2		Y	\$12.45
A7018		WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML			\$0.36
A7019		SALINE SOLUTION, PER 10 ML, FOR USE WITH INHALATION DRUGS.			\$0.32
A7020		STERILE WATER OR STERILE SALINE, 1000 ML, FOR LRG VOLUME NEBULIZER.			\$2.56
A7025		REPLACE CHEST COMPRESS VEST			\$434.94
A7026		REPLACE CHST CMPRSS SYS HOSE			\$28.75
A7030*		CPAP FULL FACE MASK			\$188.64
A7031*		REPLACEMENT FACEMASK INTERFA			\$69.77
A7032*		REPLACEMENT NASAL CUSHION			\$40.53
A7033*		REPLACEMENT NASAL PILLOWS			\$28.41
A7034*		NASAL APPLICATION DEVICE			\$117.64
A7035*		POS AIRWAY PRESS HEADGEAR			\$39.75
A7036*		POS AIRWAY PRESS CHINSTRAP			\$18.20
A7037*		POS AIRWAY PRESSURE TUBING			\$41.02
A7038*		POS AIRWAY PRESSURE FILTER			\$5.39
A7039*		FILTER NON DISPOSABLE W PAP			\$15.33
A7044*		PAP ORAL INTERFACE			\$120.91
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH.			\$97.58
A7502		DIAPHRAGM/FACEPLATE, FOR TRACHEOSTOMA VALVE, EACH.			\$46.37
A7503		FILTER HOLDER OR FILTER CAP, TRACHEOSTOMA HEAT/MOISTURE SYS, EA.			\$10.53
A7504		FILTER, TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH.			\$0.62
A7505		HOUSING, REUSABLE, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EA.			\$4.34
A7506		ADHESIVE DISC, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EACH.			\$0.31
A7507		FILTER HOLDER AND INTEGRATED FILTER, WITHOUT ADHESIVE, EACH.			\$2.31
A7508		HOUSING AND INTEGRATED ADHESIVE, EACH.			\$2.67
A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, EACH.			\$1.31
A9511		SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,			80% OF BILLED
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY		Y	\$5.63
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		Y	\$11.73
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY		Y	\$7.99
B4081		NASOGASTRIC TUBING WITH STYLET		Y	\$21.45
B4082		NASOGASTRIC TUBING WITHOUT STYLET		Y	\$15.30
B4083		STOMACH TUBE - LEVINE TYPE		Y	\$2.44
B4086		GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE,		Y	80% OF BILLED
B4100	BO	FOOD THICKENER ORAL		Y	80% OF BILLED

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B4150		ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/		Y	\$0.63
B4150	BO	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN		Y	\$0.63
B4151		ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN		Y	\$1.54
B4151	BO	ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN		Y	\$1.54
B4152		ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT		Y	\$0.55
B4152	BO	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT		Y	\$0.55
B4153		ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI		Y	\$1.85
B4153	BO	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI		Y	\$1.85
B4154		ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED		Y	\$2.06
B4154	BO	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED		Y	\$2.06
B4155		ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN		Y	80% OF BILLED
B4155		ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN		Y	\$0.88
B4155	BO	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN		Y	\$0.88
B4156		ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS		Y	\$1.40
B4156	BO	ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS		Y	\$1.40
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50		Y	\$17.91
B4168		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$67.35
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$48.59
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$78.31
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%		Y	\$52.57
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE		Y	\$24.97
B4184		PARENTERAL NUTRITION SOLUTION; LIPIDS 10%		Y	\$83.18
B4186		PARENTERAL NUTRITION SOLUTION LIPIDS		Y	\$101.18
B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$166.24
B4193		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$234.39
B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$303.63
B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$367.36
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H		Y	\$16.01
B4220		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		Y	\$9.53
B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY		Y	\$10.13
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		Y	\$21.87
B5000		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA		Y	\$10.23
B5100		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR		Y	\$4.34
B5200		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA		Y	\$5.12
B9000		ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	Y	Y	\$1,011.32
B9000	RR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		Y	\$102.36

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B9002		ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Y	Y	\$1,011.32
B9002	RR	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		Y	\$102.36
B9004		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Y	Y	\$2,017.33
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE		Y	\$358.27
B9006		PARENTERAL NUTRITION INFUSION PUMP STATIONARY	Y	Y	\$2,017.33
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		Y	\$358.27
B9998		NOC FOR EXTERNAL SUPPLIES		Y	80% OF BILLED
B9999		NOC FOR PARENTERAL SUPPLIES		Y	80% OF BILLED
E0100		CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED			\$18.90
E0100	RR	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED			\$4.23
E0105		CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS			\$43.06
E0105	RR	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS			\$8.35
E0110		CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS			\$78.74
E0110	RR	CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR			\$10.54
E0111		CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS			\$46.27
E0111	RR	CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH			\$4.64
E0112		CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA			\$38.73
E0112	RR	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA			\$7.75
E0113		CRUTCH UNDERARM WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP			\$69.15
E0113	RR	CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD			80% OF BILLED
E0114		CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT			\$81.08
E0114	RR	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT			\$10.31
E0116		CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH			\$42.47
E0116	RR	CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH			\$4.24
E0117		UNDERARM SPRINGASSIST CRUTCH			\$192.71
E0117	RR	UNDERARM SPRINGASSIST CRUTCH			\$19.27
E0130		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$70.83
E0130	RR	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$17.71
E0135		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$71.66
E0135	RR	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$17.91
E0141		WALKER WHEELED WITHOUT SEAT			\$123.05
E0141	RR	WALKER WHEELED WITHOUT SEAT			\$30.76
E0142		RIGID WALKER WHEELED WITH SEAT			80% OF BILLED
E0142	RR	RIGID WALKER WHEELED WITH SEAT			80% OF BILLED
E0143		FOLDING WALKER WHEELED WITHOUT SEAT			\$97.77
E0143	RR	FOLDING WALKER WHEELED WITHOUT SEAT			\$24.46

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0144		ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT			80% OF BILLED
E0144	RR	ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT			80% OF BILLED
E0145		WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS			\$334.54
E0145	RR	WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS			\$33.46
E0146		WALKER WHEELED WITH SEAT			\$324.70
E0146	RR	WALKER WHEELED WITH SEAT			\$32.47
E0147		HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST			\$248.96
E0147	RR	HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST			\$33.29
E0148		WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.			\$118.39
E0148	RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.			\$11.84
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.			\$207.98
E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.			\$20.79
E0153		PLATFORM ATTACHMENT FOREARM CRUTCH EACH			80% OF BILLED
E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH			80% OF BILLED
E0154		PLATFORM ATTACHMENT WALKER EACH			80% OF BILLED
E0154	RR	PLATFORM ATTACHMENT WALKER EACH			80% OF BILLED
E0155		WHEEL ATTACHMENT RIGID PICK-UP WALKER			80% OF BILLED
E0155	RR	WHEEL ATTACHMENT RIGID PICK-UP WALKER			80% OF BILLED
E0156		SEAT ATTACHMENT WALKER			80% OF BILLED
E0156	RR	SEAT ATTACHMENT WALKER			80% OF BILLED
E0157		CRUTCH ATTACHMENT WALKER EACH			80% OF BILLED
E0157	RR	CRUTCH ATTACHMENT WALKER EACH			80% OF BILLED
E0158		LEG EXTENSIONS FOR A WALKER			80% OF BILLED
E0158	RR	LEG EXTENSIONS FOR A WALKER			80% OF BILLED
E0159		BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH			\$16.61
E0160		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT			\$106.75
E0160	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT			\$20.97
E0161		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT			80% OF BILLED
E0161	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT			80% OF BILLED
E0162		SITZ BATH CHAIR			80% OF BILLED
E0162	RR	SITZ BATH CHAIR			80% OF BILLED
E0163		COMMODE CHAIR STATIONARY WITH FIXED ARMS	Y		80% OF BILLED
E0163	RR	COMMODE CHAIR STATIONARY WITH FIXED ARMS	Y		80% OF BILLED
E0164		COMMODE CHAIR MOBILE WITH FIXED ARMS	Y		80% OF BILLED
E0164	RR	COMMODE CHAIR MOBILE FIXED ARMS	Y		80% OF BILLED
E0165		COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	Y		80% OF BILLED

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E0165	RR	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED)	Y		80% OF BILLED
E0166		COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	Y		80% OF BILLED
E0166	RR	COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	Y		80% OF BILLED
E0167		PAIL OR PAN FOR USE WITH COMMODE CHAIR	Y		80% OF BILLED
E0168		COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.	Y		80% OF BILLED
E0168	RR	COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.	Y		80% OF BILLED
E0169		COMMODE CHAIR WITH SEAT LIFT MECHANISM	Y		80% OF BILLED
E0169	RR	COMMODE CHAIR WITH SEAT LIFT MECHANISM	Y		80% OF BILLED
E0175		FOOT REST FOR USE WITH COMMODE CHAIR EACH			\$51.01
E0175	RR	FOOT REST FOR USE WITH COMMODE CHAIR EACH			\$5.09
E0176		AIR PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0177		WATER PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0177	RR	WATER PRESSURE PAD OR CUSHION NON-POSITIONING		Y	\$10.77
E0178		GEL OR GEL-LIKE PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0178	RR	GEL PRESSURE PAD OR CUSHION NON-POSITIONING		Y	\$10.77
E0179		DRY PRESSURE PAD OR CUSHION NON-POSITIONING		Y	80% OF BILLED
E0179	RR	DRY PRESSURE PAD OR CUSHION NON-POSITIONING		y	80% OF BILLED
E0180		PRESSURE PAD ALTERNATING WITH PUMP		Y	\$249.86
E0180	RR	PRESSURE PAD ALTERNATING WITH PUMP		Y	\$24.98
E0181		PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY		Y	\$371.68
E0181	RR	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY		Y	\$37.16
E0182		PUMP FOR ALTERNATING PRESSURE PAD		Y	\$232.15
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD		Y	\$23.22
E0184		PRESSURE MATTRESS DRY		Y	80% OF BILLED
E0184	RR	PRESSURE MATTRESS DRY		Y	80% OF BILLED
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH		Y	\$283.54
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH		Y	\$28.36
E0186		AIR PRESSURE MATTRESS		Y	\$159.07
E0186	RR	AIR PRESSURE MATTRESS		Y	\$15.91
E0187		WATER PRESSURE MATTRESS		Y	\$159.07
E0187	RR	WATER PRESSURE MATTRESS		Y	\$15.91
E0188		SYNTHETIC SHEEPSKIN PAD		Y	80% OF BILLED
E0189		LAMBSWOOL SHEEPSKIN PAD ANY SIZE		Y	80% OF BILLED
E0191		HEEL OR ELBOW PROTECTOR EACH		Y	80% OF BILLED
E0192		LOW PRESSURE & POSITIONING EQUALIZATION PAD FOR WHEELCHAIR		Y	80% OF BILLED
E0193		POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	Y	Y	\$10,154.71

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E0193	RR	POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	Y	Y	\$1,015.46
E0194	RR	AIR FLUDIZED BED	Y	Y	80% OF BILLED
E0196		GEL PRESSURE MATTRESS		Y	\$254.55
E0196	RR	GEL PRESSURE MATTRESS		Y	\$25.46
E0197		AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH		Y	\$210.44
E0197	RR	AIR PRESSURE PAD FOR MATTRESS		Y	\$29.04
E0198		WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH		Y	80% OF BILLED
E0198	RR	WATER PRESSURE PAD FOR MATTRESS		Y	80% OF BILLED
E0199		DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH		Y	80% OF BILLED
E0199	RR	DRY PRESSURE PAD FOR MATTRESS		Y	80% OF BILLED
E0200		HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR			\$47.25
E0200	RR	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR			\$4.72
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER			\$502.70
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER			\$50.27
E0203		THERAPEUTIC LIGHTBOX TABLET			80% OF BILLED
E0203	RR	THERAPEUTIC LIGHTBOX TABLET			80% OF BILLED
E0205		HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED			80% OF BILLED
E0205	RR	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED			80% OF BILLED
E0210		ELECTRIC HEAT PAD STANDARD			\$20.55
E0215		ELECTRIC HEAT PAD MOIST			\$71.36
E0217		WATER CIRCULATING HEAT PAD WITH PUMP			80% OF BILLED
E0217	RR	WATER CIRCULATING HEAT PAD WITH PUMP			80% OF BILLED
E0218		WATER CIRCULATING COLD PAD WITH PUMP			80% OF BILLED
E0218	RR	WATER CIRCULATING COLD PAD WITH PUMP			80% OF BILLED
E0220		HOT WATER BOTTLE			80% OF BILLED
E0221		INFRARED HEATING PAD SYSTEM	Y		\$2,048.22
E0221	RR	INFRARED HEATING PAD SYSTEM			\$204.82
E0225		HYDROCOLLATOR UNIT INCLUDING PADS			80% OF BILLED
E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS			80% OF BILLED
E0230		ICE CAP OR COLLAR			80% OF BILLED
E0231		NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT,			80% OF BILLED
E0231	RR	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT,			80% OF BILLED
E0232		WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING			80% OF BILLED
E0235		PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265			\$189.26
E0235	RR	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265			\$18.92
E0236		PUMP FOR WATER CIRCULATING PAD			80% OF BILLED

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E0236	RR	PUMP FOR WATER CIRCULATING PAD			80% OF BILLED
E0238		NON-ELECTRIC HEAT PAD MOIST			80% OF BILLED
E0238	RR	NON-ELECTRIC HEAT PAD MOIST			80% OF BILLED
E0239		HYDROCOLLATOR UNIT PORTABLE			80% OF BILLED
E0239	RR	HYDROCOLLATOR UNIT PORTABLE			80% OF BILLED
E0244		RAISED TOILET SEAT			\$58.93
E0245		TUB STOOL OR BENCH			80% OF BILLED
E0245	RR	TUB STOOL OR BENCH			80% OF BILLED
E0249		PAD FOR WATER CIRCULATING HEAT UNIT			80% OF BILLED
E0249	RR	PAD FOR WATER CIRCULATING HEAT UNIT			80% OF BILLED
E0250		HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS	Y	Y	\$961.89
E0250	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS	Y	Y	\$96.19
E0251		HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS	Y	Y	\$610.89
E0251	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE	Y	Y	\$61.09
E0255		HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS	Y	Y	\$1,058.11
E0255	RR	HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES	Y	Y	\$105.81
E0256		HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE	Y	Y	\$768.52
E0256	RR	HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS	Y	Y	\$76.85
E0260		HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	Y	Y	\$1,474.81
E0260	RR	HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS	Y	Y	\$147.47
E0261		HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE	Y	Y	\$1,208.58
E0261	RR	HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT	Y	Y	\$120.86
E0265		HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	Y	Y	\$1,648.72
E0265	RR	HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATRESS	Y	Y	\$164.88
E0266		HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS	Y	Y	\$1,474.81
E0266	RR	HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A	Y	Y	\$147.47
E0271		MATTRESS INNERSPRING		Y	\$135.93
E0272		MATTRESS FOAM RUBBER		Y	80% OF BILLED
E0273		BED BOARD		Y	80% OF BILLED
E0275		BED PAN STANDARD METAL OR PLASTIC			\$13.04
E0276		BED PAN FRACTURE METAL OR PLASTIC			\$9.00
E0277		POWERED PRESSURE-REDUCING AIR MATTRESS	Y	Y	\$7,654.14
E0277	RR	ALTERNATING PRESSURE MATTRESS	Y	Y	\$765.41
E0280		BED CRADLE ANY TYPE	Y	Y	80% OF BILLED
E0280	RR	BED CRADLE ANY TYPE	Y	Y	80% OF BILLED
E0290		HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	Y	Y	\$745.80

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E0290	RR	HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS	Y	Y	\$74.58
E0291		HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$533.20
E0291	RR	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS	Y	Y	\$53.32
E0292		HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS	Y	Y	\$948.89
E0292	RR	HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS	Y	Y	\$94.89
E0293		HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS	Y	Y	\$833.22
E0293	RR	HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS	Y	Y	\$83.36
E0294		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	Y	Y	\$1,412.88
E0294	RR	HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE	Y	Y	\$141.29
E0295		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$1,412.88
E0295	RR	HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES	Y	Y	\$141.29
E0296		HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS	Y	Y	\$1,970.25
E0296	RR	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS	Y	Y	\$197.02
E0297		HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$1,757.64
E0297	RR	HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS	Y	Y	\$175.77
E0305		BED SIDE RAILS HALF LENGTH EACH		Y	\$152.31
E0305	RR	HOSPITAL BED SIDE RAILS HALF LENGTH (EACH)		Y	\$15.22
E0310		BEDSIDE RAILS FULL-LENGTH		Y	\$152.31
E0310	RR	HOSPITAL BED SIDE RAILS FULL LENGTH (EACH)		Y	\$15.22
E0315		BED ACCESSORIES: BOARDS OR TABLES ANY TYPE		Y	80% OF BILLED
E0315	RR	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE		Y	80% OF BILLED
E0316		SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY	Y	Y	\$1,860.24
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY		Y	\$186.02
E0325		URINAL MALE ANY MATERIAL			\$20.20
E0326		URINAL FEMALE ANY MATERIAL			80% OF BILLED
E0350		CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST			80% OF BILLED
E0350	RR	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST			80% OF BILLED
E0352		DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM			80% OF BILLED
E0370		AIR PRESSURE ELEVATOR FOR HEEL			80% OF BILLED
E0371		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	Y	Y	\$4,512.53
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	Y	Y	\$372.32
E0372		POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH	Y	Y	\$5,475.81
E0372	RR	POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH	Y	Y	\$451.80
E0373		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Y	Y	\$6,272.52
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Y	Y	\$517.53
E0424	NF	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES		Y	\$198.72

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E0424*	RR	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF.		Y	\$226.53
E0425*		STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES		Y	\$253.18
E0431	NF	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING		Y	\$49.19
E0431*	RR	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING		Y	\$47.91
E0434	NF	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES		Y	\$49.19
E0434*	RR	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES		Y	\$47.91
E0439	NF	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES		Y	\$198.72
E0439*	RR	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB		Y	\$226.53
E0441*		O2 CONT GAS PER UNIT=50CF USE WITH OWNED STN/PORT OR BOTH		Y	\$165.93
E0442*		O2 CONT LIQ PER UNIT=10LB USE WITH OWNED STN/PORT OR BOTH		Y	\$165.93
E0443*		PORT O2 CONT GAS UNIT =5 CF USE ONLY WITH PORT GAS SYS		Y	\$24.54
E0444*		PORT O2 CONT LIQ UNIT=1LB USE ONLY WITH PORT LIQ SYS		Y	\$24.54
E0450	NF	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT		Y	\$1,013.52
E0450*	RR	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT	Y	Y	\$987.17
E0454	RR	PRESSURE VENTILATOR	Y	Y	\$1,400.14
E0457*	RR	CHEST SHELL (CUIRASS)		Y	\$41.38
E0459*		CHEST WRAP		Y	\$365.14
E0459*	RR	CHEST WRAP		Y	\$36.52
E0460	NF	NEGATIVE PRESSURE PUMP		Y	\$573.48
E0460*	RR	NEGATIVE PRESSURE PUMP		Y	\$558.57
E0461	RR	VOL VENT NONINVASIVE INTERFACE	Y	Y	\$1,002.05
E0462*		ROCKING BED WITH OR WITHOUT SIDE RAILS	Y	Y	\$2,250.22
E0462*	RR	ROCKING BED WITH OR WITHOUT SIDERAILS	Y	Y	\$225.02
E0480*		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		Y	\$353.11
E0480*	RR	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		Y	\$35.32
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED		Y	80% OF BILLED
E0481	RR	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED		Y	80% OF BILLED
E0482		COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE	Y	Y	\$3,757.98
E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE	Y	Y	\$375.80
E0483		CHEST COMPRESSION GEN SYSTEM	Y		\$10,631.30
E0483	RR	CHEST COMPRESSION GEN SYSTEM	Y		\$1,063.13
E0484		NON-ELEC OSCILLATORY PEP DVC			\$36.92
E0500*		IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL		Y	\$837.78
E0500*	RR	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL		Y	\$70.59
E0550*		HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO		Y	\$96.15
E0550*	RR	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO		Y	\$18.88

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0560*		HUMIDIFIER FOR IPPB TREATMENT OR OXYGEN DELIVERY		Y	\$45.88
E0560*	RR	HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING		Y	\$4.77
E0565*		COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF		Y	\$550.64
E0565*	RR	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF		Y	\$55.06
E0570*		NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID		Y	\$119.47
E0570*	RR	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID		Y	\$11.95
E0571		AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.		Y	\$253.24
E0571	RR	AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.		Y	\$25.32
E0572		AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.		Y	\$321.81
E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.		Y	\$32.18
E0574		ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.		Y	\$340.12
E0574	RR	ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.		Y	\$34.01
E0575*		NEBULIZER SELF-CONTAINED ULTRASONIC		Y	\$462.94
E0575*	RR	NEBULIZER SELF-CONTAINED ULTRASONIC		Y	\$45.97
E0580*		NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE		Y	\$6.31
E0585*		NEBULIZER WITH COMPRESSOR AND HEATER		Y	\$402.11
E0585*	RR	NEBULIZER WITH COMPRESSOR AND HEATER		Y	\$40.21
E0600*		SUCTION PUMP HOME MODEL PORTABLE		Y	\$547.81
E0600*	RR	SUCTION PUMP HOME MODEL PORTABLE		Y	\$54.78
E0601*		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	Y	Y	\$1,197.87
E0601*	RR	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		Y	\$119.97
E0603	RR	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE, 3-MONTH MAX			\$97.27
E0605*		VAPORIZER ROOM TYPE			\$21.86
E0606*	RR	POSTURAL DRAINAGE BOARD			\$14.48
E0607*		HOME BLOOD GLUCOSE MONITOR			\$96.08
E0610		PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO			80% OF BILLED
E0615		PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION			80% OF BILLED
E0618		APNEA MONITOR	Y		\$2,383.00
E0618	RR	APNEA MONITOR			\$238.30
E0619		APNEA MONITOR W RECORDER	Y		\$2,383.00
E0619	RR	APNEA MONITOR W RECORDER			\$238.30
E0620		SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER,			\$847.45
E0621		SLING OR SEAT PATIENT LIFT CANVAS OR NYLON			80% OF BILLED
E0625		PATIENT LIFT KARTOP BATHROOM OR TOILET			80% OF BILLED
E0625	RR	PATIENT LIFT KARTOP BATHROOM OR TOILET			80% OF BILLED
E0627		SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA		Y	\$270.16

*Covered for Basic Medicaid.

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0628		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN		Y	\$270.16
E0628	RR	SEPARATE SEAT LFT MECH FOR USE WITH PATIENT OWNER FURN-ELEC		Y	\$27.01
E0629		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED		Y	\$270.16
E0629	RR	SEPARATE SEAT LIFT MECH FOR USE WITH PAT OWNED FURN-NON-ELEC		Y	\$27.01
E0630		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING			\$967.32
E0630	RR	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING			\$96.73
E0635		PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Y		\$1,238.57
E0635	RR	PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING			\$123.86
E0636		PT SUPPORT & POSITIONING SYS			80% OF BILLED
E0636	RR	PT SUPPORT & POSITIONING SYS			80% OF BILLED
E0650		PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL			80% OF BILLED
E0650	RR	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL			80% OF BILLED
E0651		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED			80% OF BILLED
E0651	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED			80% OF BILLED
E0652		PLEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED			80% OF BILLED
E0652	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD			80% OF BILLED
E0655		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			80% OF BILLED
E0655	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			80% OF BILLED
E0660		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			80% OF BILLED
E0660	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			80% OF BILLED
E0665		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			80% OF BILLED
E0665	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			80% OF BILLED
E0666		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			80% OF BILLED
E0666	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			80% OF BILLED
E0667		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG			80% OF BILLED
E0667	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG			80% OF BILLED
E0668		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM			80% OF BILLED
E0668	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM			80% OF BILLED
E0669		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG			80% OF BILLED
E0669	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG			80% OF BILLED
E0671		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG			80% OF BILLED
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG			80% OF BILLED
E0672		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM			80% OF BILLED
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM			80% OF BILLED
E0673		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG			80% OF BILLED
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG			80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0691		UVL PNL 2 SQ FT OR LESS			\$898.59
E0691	RR	UVL PNL 2 SQ FT OR LESS			\$89.86
E0692		UVL SYS PANEL 4 FT	Y		\$1,128.37
E0692	RR	UVL SYS PANEL 4 FT			\$112.84
E0693		UVL SYS PANEL 6 FT	Y		\$1,390.98
E0693	RR	UVL SYS PANEL 6 FT			\$139.10
E0694		UVL MD CABINET SYS 6 FT	Y		\$4,427.34
E0694	RR	UVL MD CABINET SYS 6 FT			\$442.73
E0700		SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)			80% OF BILLED
E0700	RR	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)			80% OF BILLED
E0701		HELMET W FACE GUARD PREFAB			\$153.35
E0710		RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)			80% OF BILLED
E0710	RR	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)			80% OF BILLED
E0720		TENS TWO LEAD LOCALIZED STIMULATION			\$486.52
E0720	RR	TENS TWO LEAD LOCALIZED STIMULATION			\$48.64
E0730		TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION			\$584.19
E0730	RR	TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION			\$58.42
E0731		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS			80% OF BILLED
E0731	RR	FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS			80% OF BILLED
E0740		INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR			80% OF BILLED
E0740	RR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR			80% OF BILLED
E0744		NEUROMUSCULAR STIMULATOR FOR SCOLOSIS			\$717.76
E0744	RR	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS			\$71.77
E0745		NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC			\$989.00
E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC			\$98.91
E0746	RR	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE			80% OF BILLED
E0747		OSTEOGENESIS STIMULATOR (NON-INVASIVE)	Y		\$3,349.98
E0747	RR	OSTEOGENESIS STIMULATOR (NON-INVASIVE)			\$335.00
E0748		OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS			\$3,328.27
E0748	RR	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS			\$332.83
E0749		OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	Y		\$2,271.28
E0749	RR	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)			\$227.14
E0752		IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH			\$365.53
E0754		PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE			\$833.49
E0755		ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)			80% OF BILLED
E0759		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE			\$617.41

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0760		OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASI			80% OF BILLED
E0765		NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	Y		80% OF BILLED
E0765	RR	NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	Y		80% OF BILLED
E0776		IV POLE			\$132.00
E0776	RR	IV POLE RENTAL			\$23.55
E0779		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.		Y	\$140.94
E0779	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.		Y	\$14.09
E0780		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.		Y	\$140.94
E0780	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.		Y	\$14.09
E0781		EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP	Y	Y	\$2,468.53
E0781	RR	EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP		Y	\$246.85
E0782		INFUSION PUMP IMPLANTABLE	Y	Y	\$2,999.18
E0782	RR	INFUSION PUMP IMPLANTABLE		Y	\$299.92
E0783		INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE		Y	80% OF BILLED
E0783	RR	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE		Y	80% OF BILLED
E0784		EXTERNAL AMBULATORY INFUSION PUMP INSULIN		Y	80% OF BILLED
E0785		IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT		Y	\$403.32
E0791		PARENTERAL INFUSION PUMP STATIONARY	Y	Y	\$2,478.35
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY		Y	\$247.83
E0830		AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.			80% OF BILLED
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.			80% OF BILLED
E0840		TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL			\$42.04
E0840	RR	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT			\$4.20
E0850		TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION			\$30.97
E0850	RR	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION			\$3.10
E0855		CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME			80% OF BILLED
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME			80% OF BILLED
E0860		TRACTION EQUIPMENT OVERDOOR CERVICAL			\$30.97
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERVICAL			\$3.10
E0870		TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY			\$60.10
E0870	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY			\$6.01
E0880		TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION			\$108.56
E0880	RR	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION			\$21.65
E0890		TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION			\$214.42
E0890	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO			\$21.45
E0900		TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G			\$313.01

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0900	RR	TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS)			\$39.14
E0910		TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G			\$203.50
E0910	RR	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G			\$20.35
E0920		FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS			\$491.33
E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS			\$49.13
E0930		FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS			\$601.16
E0930	RR	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS			\$60.12
E0935	RR	PASSIVE MOTION EXERCISE DEVICE			80% OF BILLED
E0940		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR			\$280.17
E0940	RR	TRAPEZE BAR FREE STANDING WITH GRAB BAR			\$28.01
E0941		GRAVITY ASSISTED TRACTION DEVICE ANY TYPE			80% OF BILLED
E0941	RR	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE			80% OF BILLED
E0942		CERVICAL HEAD HARNESS/HALTER			80% OF BILLED
E0942	RR	CERVICAL HEAD HARNESS/HALTER			80% OF BILLED
E0943		CERVICAL PILLOW			80% OF BILLED
E0944		PELVIC BELT/HARNESS/BOOT			80% OF BILLED
E0944	RR	PELVIC BELT/HARNESS/BOOT			80% OF BILLED
E0945		EXTREMITY BELT/HARNESS			80% OF BILLED
E0945	RR	EXTREMITY BELT/HARNESS			80% OF BILLED
E0946		FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.			80% OF BILLED
E0946	RR	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.			80% OF BILLED
E0947		FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION			80% OF BILLED
E0947	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION			80% OF BILLED
E0948		FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION			80% OF BILLED
E0948	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION			80% OF BILLED
E0950		TRAY		Y	80% OF BILLED
E0951		LOOP HEEL EACH		Y	80% OF BILLED
E0952		LOOP TOE EACH		Y	80% OF BILLED
E0953		PNEUMATIC TIRE EACH		Y	80% OF BILLED
E0954		SEMI-PNEUMATIC CASTER EACH		Y	80% OF BILLED
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR		Y	80% OF BILLED
E0958	RR	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR		Y	80% OF BILLED
E0959		AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF		Y	80% OF BILLED
E0961		BRAKE EXTENSION FOR WHEELCHAIR		Y	80% OF BILLED
E0962		1" CUSHION FOR WHEELCHAIR		Y	80% OF BILLED
E0963		2" CUSHION FOR WHEELCHAIR		Y	80% OF BILLED

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E0964		3" CUSHION FOR WHEELCHAIR		Y	80% OF BILLED
E0965		4" CUSHION FOR WHEELCHAIR		Y	80% OF BILLED
E0966		HOOK ON HEAD REST EXTENSION		Y	80% OF BILLED
E0967		WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED		Y	80% OF BILLED
E0968		COMMODE SEAT WHEELCHAIR		Y	80% OF BILLED
E0968	RR	COMMODE SEAT WHEELCHAIR		Y	80% OF BILLED
E0969		NARROWING DEVICE WHEELCHAIR		Y	80% OF BILLED
E0969	RR	NARROWING DEVICE WHEELCHAIR		Y	80% OF BILLED
E0970		NO.2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST		Y	80% OF BILLED
E0971		ANTI-TIPPING DEVICE WHEELCHAIRS		Y	80% OF BILLED
E0972		TRANSFER BOARD OR DEVICE		Y	80% OF BILLED
E0973		ADJUSTABLE HEIGHT DETACHABLE ARMS DESK OR FULL LENGTH		Y	80% OF BILLED
E0974		GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE)		Y	80% OF BILLED
E0975		REINFORCED SEAT UPHOLSTERY WHEELCHAIR		Y	80% OF BILLED
E0976		REINFORCED BACK UPHOLSTERY WHEELCHAIR		Y	80% OF BILLED
E0977		WEDGE CUSHION WHEELCHAIR		Y	80% OF BILLED
E0978		BELT SAFETY WITH AIRPLANE BUCKLE WHEELCHAIR		Y	80% OF BILLED
E0979		BELT SAFETY WITH VELCRO CLOSURE WHEELCHAIR		Y	80% OF BILLED
E0980		SAFETY VEST WHEELCHAIR		Y	80% OF BILLED
E0990		ELEVATING LEG REST EACH		Y	80% OF BILLED
E0990	RR	ELEVATING LEG REST EACH		Y	80% OF BILLED
E0991		UPHOLSTERY SEAT		Y	80% OF BILLED
E0992		SOLID SEAT INSERT		Y	80% OF BILLED
E0993		BACK UPHOLSTERY		Y	80% OF BILLED
E0994		ARM REST EACH		Y	80% OF BILLED
E0995		CALF REST EACH		Y	80% OF BILLED
E0996		TIRE SOLID EACH		Y	80% OF BILLED
E0997		CASTER WITH A FORK		Y	80% OF BILLED
E0998		CASTER WITHOUT FORK		Y	80% OF BILLED
E0999		PNEUMATIC TIRE WITH WHEEL		Y	80% OF BILLED
E1000		TIRE PNEUMATIC CASTER		Y	80% OF BILLED
E1001		WHEEL SINGLE		Y	80% OF BILLED
E1011		PED WC MODIFY WIDTH ADJUSTM		Y	80% OF BILLED
E1012		INT SEAT SYS PLANAR PED W/C		Y	80% OF BILLED
E1012	RR	INT SEAT SYS PLANAR PED W/C		Y	80% OF BILLED
E1013		INT SEAT SYS CONTOUR PED W/C		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E1013	RR	INT SEAT SYS CONTOUR PED W/C		Y	80% OF BILLED
E1014		RECLINING BACK ADD PED W/C		Y	80% OF BILLED
E1014	RR	RECLINING BACK ADD PED W/C		Y	80% OF BILLED
E1015		SHOCK ABSORBER FOR MAN W/C		Y	80% OF BILLED
E1016		SHOCK ABSORBER FOR POWER W/C		Y	80% OF BILLED
E1017		HD SHCK ABSRBR FOR HD MAN WC		Y	80% OF BILLED
E1018		HD SHCK ABSRBER FOR HD POWWC		Y	80% OF BILLED
E1020		RESIDUAL LIMB SUPPORT SYSTEM		Y	80% OF BILLED
E1020	RR	ECONOMY WHEELCHAIR FIXED FULL LENGTH ARMS BOLT ON ELEVATIN		Y	80% OF BILLED
E1025		PEDWC LAT/THOR SUP NOCONTOUR		Y	80% OF BILLED
E1025	RR	PEDWC LAT/THOR SUP NOCONTOUR		Y	80% OF BILLED
E1026		PEDWC CONTOURED LAT/THOR SUP		Y	80% OF BILLED
E1026	RR	PEDWC CONTOURED LAT/THOR SUP		Y	80% OF BILLED
E1027		PED WC LAT/ANT SUPPORT		Y	80% OF BILLED
E1027	RR	PED WC LAT/ANT SUPPORT		Y	80% OF BILLED
E1031		ROLLABOUT CHAIR ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	Y	Y	80% OF BILLED
E1031	RR	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER	Y	Y	80% OF BILLED
E1035		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT		Y	80% OF BILLED
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT		Y	80% OF BILLED
E1037		TRANSPORT CHAIR PED SIZE	Y	Y	80% OF BILLED
E1037	RR	TRANSPORT CHAIR PED SIZE	Y	Y	80% OF BILLED
E1038		TRANSPORT CHAIR ADULT SIZE	Y	Y	80% OF BILLED
E1038	RR	TRANSPORT CHAIR ADULT SIZE	Y	Y	80% OF BILLED
E1050		FULLY-RECLINING WHEELCH FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1050	RR	FULLY-RECLINING WHEELCHR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1060		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL	Y	Y	80% OF BILLED
E1060	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL	Y	Y	80% OF BILLED
E1065		POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED		Y	80% OF BILLED
E1066		BATTERY CHARGER		Y	80% OF BILLED
E1069		DEEP CYCLE BATTERY		Y	80% OF BILLED
E1070		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	Y	Y	80% OF BILLED
E1070	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	Y	Y	80% OF BILLED
E1083		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	Y	Y	80% OF BILLED
E1083	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	Y	Y	80% OF BILLED
E1084		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS	Y	Y	80% OF BILLED
E1084	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS	Y	Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E1085		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	Y	Y	80% OF BILLED
E1085	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	Y	Y	80% OF BILLED
E1086		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH	Y	Y	80% OF BILLED
E1086	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH	Y	Y	80% OF BILLED
E1087		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS	Y	Y	80% OF BILLED
E1087	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS	Y	Y	80% OF BILLED
E1088		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	Y	Y	80% OF BILLED
E1088	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	Y	Y	80% OF BILLED
E1089		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS	Y	Y	80% OF BILLED
E1089	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS	Y	Y	80% OF BILLED
E1090		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	Y	Y	80% OF BILLED
E1090	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK O	Y	Y	80% OF BILLED
E1091		YOUTH WHEELCHAIR ANY TYPE	Y	Y	80% OF BILLED
E1091	RR	YOUTH WHEELCHAIR ANY TYPE	Y	Y	80% OF BILLED
E1092		WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL	Y	Y	80% OF BILLED
E1092	RR	WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL	Y	Y	80% OF BILLED
E1093		WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL	Y	Y	80% OF BILLED
E1093	RR	WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL	Y	Y	80% OF BILLED
E1100		SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING	Y	Y	80% OF BILLED
E1100	RR	SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AW	Y	Y	80% OF BILLED
E1110		SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	Y	Y	80% OF BILLED
E1110	RR	SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	Y	Y	80% OF BILLED
E1130		STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1130	RR	STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1140		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING	Y	Y	80% OF BILLED
E1140	RR	WHEELCHAIR DETACHABLE ARMS SWING AWAY LEG RESTS	Y	Y	80% OF BILLED
E1150		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY	Y	Y	80% OF BILLED
E1150	RR	WHEELCHAIR DETACHABLE ARMS FULL LENGTH SWING AWAY DETACH	Y	Y	80% OF BILLED
E1160		WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE	Y	Y	80% OF BILLED
E1160	RR	WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE	Y	Y	80% OF BILLED
E1161		3ANUAL ADULT WC W TILTINSPAC	Y	Y	80% OF BILLED
E1161	RR	MANUAL ADULT WC W TILTINSPAC	Y	Y	80% OF BILLED
E1170		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1170	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1171		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS	Y	Y	80% OF BILLED
E1171	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS	Y	Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E1172		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1172	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1180		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1180	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1190		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1190	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1195		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1195	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1200		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC	Y	Y	80% OF BILLED
E1200	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC	Y	Y	80% OF BILLED
E1210		MOTORIZED WHEELCHAIR WITH MICROSWITCH CONTROL FIXED FULL	Y	Y	80% OF BILLED
E1210	RR	MOTORIZED WHEELCHAIR W/MICRO SWING AWAY DETACH LEG RESTS	Y	Y	80% OF BILLED
E1211		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED	Y	Y	80% OF BILLED
E1211	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED	Y	Y	80% OF BILLED
E1212		MOTORIZED WHEELCHAIR WITH CONTROL FIXED ARMS	Y	Y	80% OF BILLED
E1212	RR	MOTORIZED WHEELCHAIR MICROSWITCH FIXED ARMS	Y	Y	80% OF BILLED
E1213		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS	Y	Y	80% OF BILLED
E1213	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS	Y	Y	80% OF BILLED
E1220		SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND	Y	Y	80% OF BILLED
E1220	RR	SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND	Y	Y	80% OF BILLED
E1221		WHEELCHAIR WITH FIXED ARM FOOTRESTS	Y	Y	80% OF BILLED
E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS	Y	Y	80% OF BILLED
E1222		WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	Y	Y	80% OF BILLED
E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	Y	Y	80% OF BILLED
E1223		WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Y	Y	80% OF BILLED
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Y	Y	80% OF BILLED
E1224		WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	Y	Y	80% OF BILLED
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	Y	Y	80% OF BILLED
E1225		SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR		Y	80% OF BILLED
E1225	RR	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR		Y	80% OF BILLED
E1226		FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR		Y	80% OF BILLED
E1227		SPECIAL HEIGHT ARMS FOR WHEELCHAIR		Y	80% OF BILLED
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR		Y	80% OF BILLED
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR		Y	80% OF BILLED
E1230		POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY	Y	Y	80% OF BILLED
E1230	RR	POWER OPERATED VEHICLE (3 WHEEL NON-HIGHWAY) INDICATE	Y	Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E1231		RIGID PED W/C TILT-IN-SPACE	Y	Y	80% OF BILLED
E1231	RR	RIGID PED W/C TILT-IN-SPACE	Y	Y	80% OF BILLED
E1232		FOLDING PED WC TILT-IN-SPACE	Y	Y	80% OF BILLED
E1232	RR	FOLDING PED WC TILT-IN-SPACE	Y	Y	80% OF BILLED
E1233		RIG PED WC TLTNSPC W/O SEAT	Y	Y	80% OF BILLED
E1233	RR	RIG PED WC TLTNSPC W/O SEAT	Y	Y	80% OF BILLED
E1234		FLD PED WC TLTNSPC W/O SEAT	Y	Y	80% OF BILLED
E1234	RR	FLD PED WC TLTNSPC W/O SEAT	Y	Y	80% OF BILLED
E1235		RIGID PED WC ADJUSTABLE	Y	Y	80% OF BILLED
E1235	RR	RIGID PED WC ADJUSTABLE	Y	Y	80% OF BILLED
E1236		FOLDING PED WC ADJUSTABLE	Y	Y	80% OF BILLED
E1236	RR	FOLDING PED WC ADJUSTABLE	Y	Y	80% OF BILLED
E1237		RGD PED WC ADJSTABL W/O SEAT	Y	Y	80% OF BILLED
E1237	RR	RGD PED WC ADJSTABL W/O SEAT	Y	Y	80% OF BILLED
E1238		FLD PED WC ADJSTABL W/O SEAT	Y	Y	80% OF BILLED
E1238	RR	FLD PED WC ADJSTABL W/O SEAT	Y	Y	80% OF BILLED
E1240		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH	Y	Y	80% OF BILLED
E1240	RR	LIGHT WEIGHT WHEELCHAIR DETACHABLE ARMS SWINGAWAY LEG REST	Y	Y	80% OF BILLED
E1250		LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1250	RR	LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1260		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)	Y	Y	80% OF BILLED
E1260	RR	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	Y	Y	80% OF BILLED
E1270		LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS	Y	Y	80% OF BILLED
E1270	RR	LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS	Y	Y	80% OF BILLED
E1280		HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEGRESTS	Y	Y	80% OF BILLED
E1280	RR	HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEG	Y	Y	80% OF BILLED
E1285		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1285	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	Y	Y	80% OF BILLED
E1290		HVY DUTY WHEELCHR DETACH ARMS(DESK/FULL) SWING DETACH FOOT	Y	Y	80% OF BILLED
E1290	RR	HVY DUTY WHEELCHAIR DETACH ARMS(DESK/FULL) SWING DETCH FOOT	Y	Y	80% OF BILLED
E1295		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING	Y	Y	80% OF BILLED
E1295	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING	Y	Y	80% OF BILLED
E1296		SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Y	Y	80% OF BILLED
E1297		SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	Y	Y	80% OF BILLED
E1298		SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	Y	Y	80% OF BILLED
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	Y	Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E1300		WHIRLPOOL PORTABLE (OVERTUB TYPE)	Y	Y	\$374.86
E1300	RR	WHIRLPOOL PORTABLE (OVERTUB TYPE)		Y	\$37.49
E1310		WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	Y	Y	80% OF BILLED
E1340		REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI			\$9.74
E1372*		IMMERSION EXTERNAL HEATER FOR NEBULIZER		Y	\$264.06
E1372*	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER		Y	\$26.41
E1390	NF	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION		Y	\$198.72
E1390*	RR	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION		Y	\$226.53
E1399		MISC SUPP & EQUIP.			80% OF BILLED
E1405*	RR	O2 AND H2O VAPOR ENRICHING SYS W/HEATED DELIVERY		Y	\$268.90
E1406*	RR	O2 AND H2O VAPOR ENRICHING SYS W/OUT HEATED DELIVERY		Y	\$266.00
E1500		CENTRIFUGE, FOR DIALYSIS			80% OF BILLED
E1510		KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC	Y	Y	80% OF BILLED
E1520		HEPARIN INFUSION PUMP FOR DIALYSIS			80% OF BILLED
E1530		AIR BUBBLE DETECTOR FOR DIALYSIS			80% OF BILLED
E1540		PRESSURE ALARM FOR DIALYSIS			80% OF BILLED
E1550		BATH CONDUCTIVITY METER FOR DIALYSIS			80% OF BILLED
E1560		BLOOD LEAK DETECTOR FOR DIALYSIS			80% OF BILLED
E1570		ADJUSTABLE CHAIR FOR ESRD PATIENTS			80% OF BILLED
E1575		TRANSDUCER PROTECTORS/FLUID BARRIERS ANY SIZE EACH			80% OF BILLED
E1580		UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS			80% OF BILLED
E1590		HEMODIALYSIS MACHINE			80% OF BILLED
E1592		AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM			80% OF BILLED
E1594		CYCLER DIALYSIS MACHINE			80% OF BILLED
E1600		DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS			80% OF BILLED
E1610		REVERSE OSMOSIS WATER PURIFICATION SYSTEM			80% OF BILLED
E1610	RR	REVERSE OSMOSIS WATER PURIFICATION SYSTEM			80% OF BILLED
E1615		DEIONIZER WATER PURIFICATION SYSTEM			80% OF BILLED
E1620		BLOOD PUMP FOR DIALYSIS			80% OF BILLED
E1625		WATER SOFTENING SYSTEM			80% OF BILLED
E1630		RECIPROCATING PERITONEAL DIALYSIS SYSTEM			80% OF BILLED
E1632		WEARABLE ARTIFICIAL KIDNEY			80% OF BILLED
E1635		COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM			80% OF BILLED
E1636		SORBENT CARTRIDGES PER CASE			80% OF BILLED
E1637		HEMOSTATS, FOR DIALYSIS, EACH			80% OF BILLED
E1639		SCALE, EACH			80% OF BILLED

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E1699		DIALYSIS EQUIPMENT UNSPECIFIED BY REPORT			80% OF BILLED
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE		Y	\$110.85
E1801		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH	Y	Y	\$1,127.50
E1801	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH		Y	\$112.75
E1802		ADJST FOREARM PRO/SUP DEVICE	Y	Y	\$3,268.00
E1802	RR	ADJST FOREARM PRO/SUP DEVICE		Y	\$326.80
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE		Y	\$110.85
E1806		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH		Y	\$925.49
E1806	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH		Y	\$92.55
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1811		BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF	Y	Y	\$1,172.21
E1811	RR	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF		Y	\$117.22
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1816		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH	Y	Y	\$1,190.62
E1816	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH		Y	\$119.06
E1818		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM	Y	Y	\$1,215.55
E1818	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM		Y	\$121.56
E1820		SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE		Y	\$54.92
E1821		REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL		Y	\$102.00
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE		Y	\$110.85
E1830		DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1840		DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION	Y	Y	\$3,449.32
E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION		Y	\$344.93
E1902		COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR	Y		80% OF BILLED
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR	Y		80% OF BILLED
E2000		GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,			\$452.91
E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,			\$45.29
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER			\$609.84
E2101		BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE			\$182.75
K0001		STANDARD WHEELCHAIR	Y	Y	80% OF BILLED

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K0001	RR	STANDARD WHEELCHAIR	Y	Y	80% OF BILLED
K0002		STANDARD HEMI (LOW SEAT) WHEELCHAIR	Y	Y	80% OF BILLED
K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Y	Y	80% OF BILLED
K0003		LIGHTWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0003	RR	LIGHTWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0004		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0004	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0005		ULTRALIGHTWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0005	RR	ULTRAWEIGHT WHEELCHAIR	Y	Y	80% OF BILLED
K0006		HEAVY DUTY WHEELCHAIR	Y	Y	80% OF BILLED
K0006	RR	HEAVY DUTY WHEELCHAIR	Y	Y	80% OF BILLED
K0007		EXTRA HEAVY DUTY WHEELCHAIR	Y	Y	80% OF BILLED
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	Y	Y	80% OF BILLED
K0009		OTHER MANUAL WHEELCHAIR/BASE	Y	Y	80% OF BILLED
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	Y	Y	80% OF BILLED
K0010		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Y	Y	80% OF BILLED
K0010	RR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Y	Y	80% OF BILLED
K0011		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG	Y	Y	80% OF BILLED
K0011	RR	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG	Y	Y	80% OF BILLED
K0012		LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Y	Y	80% OF BILLED
K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Y	Y	80% OF BILLED
K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE	Y	Y	80% OF BILLED
K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Y	Y	80% OF BILLED
K0015		DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH		Y	80% OF BILLED
K0015	RR	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH		Y	80% OF BILLED
K0016		DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA		Y	80% OF BILLED
K0016	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA		Y	80% OF BILLED
K0017		DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		Y	80% OF BILLED
K0017	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		Y	80% OF BILLED
K0018		DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH		Y	80% OF BILLED
K0018	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH		Y	80% OF BILLED
K0019		ARM PAD EACH		Y	80% OF BILLED
K0019	RR	ARM PAD EACH		Y	80% OF BILLED
K0020		FIXED ADJUSTABLE HEIGHT ARMREST PAIR		Y	80% OF BILLED
K0020	RR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR		Y	80% OF BILLED
K0022		REINFORCED BACK UPHOLSTERY		Y	80% OF BILLED

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Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
K0022	RR	REINFORCED BACK UPHOLSTERY		Y	80% OF BILLED
K0023		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACHE		Y	80% OF BILLED
K0023	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH		Y	80% OF BILLED
K0024		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD		Y	80% OF BILLED
K0024	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD		Y	80% OF BILLED
K0025		HOOK-ON HEADREST EXTENSION		Y	80% OF BILLED
K0025	RR	HOOK-ON HEADREST EXTENSION		Y	80% OF BILLED
K0026		BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	80% OF BILLED
K0026	RR	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	80% OF BILLED
K0027		BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	80% OF BILLED
K0027	RR	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	80% OF BILLED
K0028		FULLY RECLINING BACK		Y	80% OF BILLED
K0028	RR	FULLY RECLINING BACK		Y	80% OF BILLED
K0029		REINFORCED SEAT UPHOLSTERY		Y	80% OF BILLED
K0029	RR	REINFORCED SEAT UPHOLSTERY		Y	80% OF BILLED
K0030		SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM		Y	80% OF BILLED
K0030	RR	SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM		Y	80% OF BILLED
K0031		SAFETY BELT/PELVIC STRAP		Y	80% OF BILLED
K0031	RR	SAFETY BELT/PELVIC STRAP		Y	80% OF BILLED
K0032		SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	80% OF BILLED
K0032	RR	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	80% OF BILLED
K0033		SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	80% OF BILLED
K0033	RR	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	80% OF BILLED
K0035		HEEL LOOP WITH ANKLE STRAP EACH		Y	80% OF BILLED
K0035	RR	HEEL LOOP WITH ANKLE STRAP EACH		Y	80% OF BILLED
K0036		TOE LOOP EACH		Y	80% OF BILLED
K0036	RR	TOE LOOP EACH		Y	80% OF BILLED
K0037		HIGH MOUNT FLIP-UP FOOTREST EACH		Y	80% OF BILLED
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH		Y	80% OF BILLED
K0038		LEG STRAP EACH		Y	80% OF BILLED
K0038	RR	LEG STRAP EACH		Y	80% OF BILLED
K0039		LEG STRAP H STYLE EACH		Y	80% OF BILLED
K0039	RR	LEG STRAP H STYLE EACH		Y	80% OF BILLED
K0040		ADJUSTABLE ANGLE FOOTPLATE EACH		Y	80% OF BILLED
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE EACH		Y	80% OF BILLED
K0041		LARGE SIZE FOOTPLATE EACH		Y	80% OF BILLED

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K0041	RR	LARGE SIZE FOOTPLATE EACH		Y	80% OF BILLED
K0042		STANDARD SIZE FOOTPLATE EACH		Y	80% OF BILLED
K0042	RR	STANDARD SIZE FOOTPLATE EACH		Y	80% OF BILLED
K0043		FOOTREST LOWER EXTENSION TUBE EACH		Y	80% OF BILLED
K0043	RR	FOOTREST LOWER EXTENSION TUBE EACH		Y	80% OF BILLED
K0044		FOOTREST UPPER HANGER BRACKET EACH		Y	80% OF BILLED
K0044	RR	FOOTREST UPPER HANGER BRACKET EACH		Y	80% OF BILLED
K0045		FOOTREST COMPLETE ASSEMBLY		Y	80% OF BILLED
K0045	RR	FOOTREST COMPLETE ASSEMBLY		Y	80% OF BILLED
K0046		ELEVATING LEGREST LOWER EXTENSION TUBE EACH		Y	80% OF BILLED
K0046	RR	ELEVATING LEGREST LOWER EXTENSION TUBE EACH		Y	80% OF BILLED
K0047		ELEVATING LEGREST UPPER HANGER BRACKET EACH		Y	80% OF BILLED
K0047	RR	ELEVATING LEGREST UPPER HANGER BRACKET EACH		Y	80% OF BILLED
K0048		ELEVATING LEGREST COMPLETE ASSEMBLY		Y	80% OF BILLED
K0048	RR	ELEVATING LEGREST COMPLETE ASSEMBLY		Y	80% OF BILLED
K0049		CALF PAD EACH		Y	80% OF BILLED
K0049	RR	CALF PAD EACH		Y	80% OF BILLED
K0050		RATCHET ASSEMBLY		Y	80% OF BILLED
K0050	RR	RATCHET ASSEMBLY		Y	80% OF BILLED
K0051		CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		Y	80% OF BILLED
K0051	RR	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		Y	80% OF BILLED
K0052		SWINGAWAY DETACHABLE FOOTRESTS EACH		Y	80% OF BILLED
K0052	RR	SWINGAWAY DETACHABLE FOOTRESTS EACH		Y	80% OF BILLED
K0053		ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH		Y	80% OF BILLED
K0053	RR	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH		Y	80% OF BILLED
K0054		SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH STR		Y	80% OF BILLED
K0054	RR	SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH ST		Y	80% OF BILLED
K0055		SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI		Y	80% OF BILLED
K0055	RR	SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI		Y	80% OF BILLED
K0056		SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR		Y	80% OF BILLED
K0056	RR	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH		Y	80% OF BILLED
K0057		SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHA		Y	80% OF BILLED
K0057	RR	SEAT WIDTH 19" OR 20" FIR HEAVY DUTY OR EXTRA HEAVY DUTY CHA		Y	80% OF BILLED
K0058		SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR		Y	80% OF BILLED
K0058	RR	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR		Y	80% OF BILLED
K0059		PLASTIC COATED HANDRIM EACH		Y	80% OF BILLED

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K0059	RR	PLASTIC COATED HANDRIM EACH		Y	80% OF BILLED
K0060		STEEL HANDRIM EACH		Y	80% OF BILLED
K0060	RR	STEEL HANDRIM EACH		Y	80% OF BILLED
K0061		ALUMINUM HANDRIM EACH		Y	80% OF BILLED
K0061	RR	ALUMINUM HANDRIM EACH		Y	80% OF BILLED
K0062		HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	80% OF BILLED
K0062	RR	HANDRIM WITH 8 - 10 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	80% OF BILLED
K0063		HANDRIM WITH 12-16 VERTICAL OR OLBIQUE PROJECTIONS EACH		Y	80% OF BILLED
K0063	RR	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	80% OF BILLED
K0064		ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH		Y	80% OF BILLED
K0064	RR	ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH		Y	80% OF BILLED
K0065		SPOKE PROTECTORS		Y	80% OF BILLED
K0065	RR	SPOKE PROTECTORS		Y	80% OF BILLED
K0066		SOLID TIRE ANY SIZE EACH		Y	80% OF BILLED
K0066	RR	SOLID TIRE ANY SIZE EACH		Y	80% OF BILLED
K0067		PNEUMATIC TIRE ANY SIZE EACH		Y	80% OF BILLED
K0067	RR	PNEUMATIC TIRE ANY SIZE EACH		Y	80% OF BILLED
K0068		PNEUMATIC TIRE TUBE EACH		Y	80% OF BILLED
K0068	RR	PNEUMATIC TIRE TUBE EACH		Y	80% OF BILLED
K0069		REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO		Y	80% OF BILLED
K0069	RR	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO		Y	80% OF BILLED
K0070		REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O		Y	80% OF BILLED
K0070	RR	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES		Y	80% OF BILLED
K0071		FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH		Y	80% OF BILLED
K0071	RR	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH		Y	80% OF BILLED
K0072		FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E		Y	80% OF BILLED
K0072	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE		Y	80% OF BILLED
K0073		CASTER PIN LOCK EACH		Y	80% OF BILLED
K0073	RR	CASTER PIN LOCK EACH		Y	80% OF BILLED
K0074		PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0074	RR	PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0075		SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0075	RR	SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0076		SOLID CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0076	RR	SOLID CASTER TIRE ANY SIZE EACH		Y	80% OF BILLED
K0077		FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH		Y	80% OF BILLED

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
K0077	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH		Y	80% OF BILLED
K0078		PNEUMATIC CASTER TIRE TUBE EACH		Y	80% OF BILLED
K0078	RR	PNEUMATIC CASTER TIRE TUBE EACH		Y	80% OF BILLED
K0079		WHEEL LOCK EXTENSION PAIR		Y	80% OF BILLED
K0079	RR	WHEEL LOCK EXTENSION PAIR		Y	80% OF BILLED
K0080		ANTI-ROLLBACK DEVICE PAIR		Y	80% OF BILLED
K0080	RR	ANTI-ROLLBACK DEVICE PAIR		Y	80% OF BILLED
K0081		WHEEL LOCK ASSEMBLY COMPLETE EACH		Y	80% OF BILLED
K0081	RR	WHEEL LOCK ASSEMBLY COMPLETE EACH		Y	80% OF BILLED
K0082		22 NF DEEP CYCLE LEAD ACID BATTERY EACH		Y	80% OF BILLED
K0082	RR	22 NF DEEP CYCLE LEAD ACID BATTERY EACH		Y	80% OF BILLED
K0083		22 NF GEL CELL BATTERY EACH		Y	80% OF BILLED
K0083	RR	22 NF GEL CELL BATTERY EACH		Y	80% OF BILLED
K0084		GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH		Y	80% OF BILLED
K0084	RR	GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH		Y	80% OF BILLED
K0085		GROUP 24 GEL CELL BATTERY EACH		Y	80% OF BILLED
K0085	RR	GROUP 24 GEL CELL BATTERY EACH		Y	80% OF BILLED
K0086		U-1 LEAD ACID BATTERY EACH		Y	80% OF BILLED
K0086	RR	U-1 GEL CELL BATTERY EACH		Y	80% OF BILLED
K0087		U-1 GEL CELL BATTERY EACH		Y	80% OF BILLED
K0087	RR	U-1 GEL CELL BATTERY EACH		Y	80% OF BILLED
K0088		BATTERY CHARGER LEAD ACID OR GEL CELL		Y	80% OF BILLED
K0088	RR	BATTERY CHARGER LEAD ACID OR GEL CELL		Y	80% OF BILLED
K0089		BATTERY CHARGER DUAL MODE		Y	80% OF BILLED
K0089	RR	BATTERY CHARGER DUAL MODE		Y	80% OF BILLED
K0090		REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH		Y	80% OF BILLED
K0090	RR	REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH		Y	80% OF BILLED
K0091		REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL		Y	80% OF BILLED
K0091	RR	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL		Y	80% OF BILLED
K0092		REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH		Y	80% OF BILLED
K0092	RR	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH		Y	80% OF BILLED
K0093		REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P		Y	80% OF BILLED
K0093	RR	REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR		Y	80% OF BILLED
K0094		WHEEL TIRE FOR POWER BASE ANY SIZE EACH		Y	80% OF BILLED
K0094	RR	WHEEL TIRE FOR POWER BASE ANY SIZE EACH		Y	80% OF BILLED
K0095		WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY		Y	80% OF BILLED

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K0095	RR	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY		Y	80% OF BILLED
K0096		WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH		Y	80% OF BILLED
K0096	RR	WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH		Y	80% OF BILLED
K0097		WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B		Y	80% OF BILLED
K0097	RR	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER		Y	80% OF BILLED
K0098		DRIVE BELT FOR POWER WHEELCHAIR		Y	80% OF BILLED
K0098	RR	DRIVE BELT FOR POWER WHEELCHAIR		Y	80% OF BILLED
K0099		FRONT CASTER FOR POWER WHEELCHAIR		Y	80% OF BILLED
K0099	RR	FRONT CASTER FOR POWER WHEELCHAIR		Y	80% OF BILLED
K0100		AMPUTEE ADAPTER PARI		Y	80% OF BILLED
K0100	RR	AMPUTEE ADAPTER PARI		Y	80% OF BILLED
K0102		CRUTCH AND CANE HOLDER		Y	80% OF BILLED
K0102	RR	CRUTCH AND CANE HOLDER		Y	80% OF BILLED
K0103		TRANSFER BOARD <25"		Y	80% OF BILLED
K0103	RR	TRANSFER BOARD < 25"		Y	80% OF BILLED
K0104		CYLINDER TANK CARRIER		Y	80% OF BILLED
K0104	RR	CYLINDER TANK CARRIER		Y	80% OF BILLED
K0105		IV HANGER		Y	80% OF BILLED
K0105	RR	IV HANGER		Y	80% OF BILLED
K0106		ARM TROUGH EACH		Y	80% OF BILLED
K0106	RR	ARM TROUGH EACH		Y	80% OF BILLED
K0107		WHEELCHAIR TRAY		Y	80% OF BILLED
K0107	RR	WHEELCHAIR TRAY		Y	80% OF BILLED
K0108		OTHER ACCESSORIES		Y	80% OF BILLED
K0108	RR	OTHER ACCESSORIES		Y	80% OF BILLED
K0112		TRUNK SUPPORT DEVICE VEST TYPE WITH INNER FRAME PREFABRIC		Y	80% OF BILLED
K0113		TRUNK SUPPORT DEVICE VEST TYPE WITHOUT INNER FRAME PREFAB		Y	80% OF BILLED
K0114		BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR WITH INNER FR		Y	80% OF BILLED
K0115		SEATING SYSTEM BACK MODULE POSTERIOR-LATERAL CONTROL		Y	80% OF BILLED
K0116		SEATING SYSTEM COMBINED BACK AND SEAT MODULE CUSTOM FABRIC		Y	80% OF BILLED
K0195		ELEVATING LEG RESTS PAIR (WHEELCHAIR)		Y	80% OF BILLED
K0195	RR	ELEVATING LEG RESTS PAIR (WHEELCHAIR)		Y	80% OF BILLED
K0268*		HUMIDIFIER NON-HEATED USED W/POSITIVE AIRWAY PRESSURE DEVICE		Y	\$99.41
K0452		WHEELCHAIR BEARINGS ANY TYPE		Y	80% OF BILLED
K0456	RR	HOSPITAL BED HEAVY DUTY/EXTRA WIDE/ANY TYPE RAILS /MATTRESS		Y	\$260.29
K0460		POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK		Y	80% OF BILLED

*Covered for Basic Medicaid.

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K0460	RR	POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK		Y	80% OF BILLED
K0461		POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER		Y	80% OF BILLED
K0461	RR	POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER		Y	80% OF BILLED
K0531*		HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE		Y	\$335.68
K0531*	RR	HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE		Y	\$27.97
K0532		RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE	Y		\$2,451.32
K0532	RR	RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE			\$204.28
K0533*	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE NONINVASIVE		Y	\$507.10
K0534*	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE INVASIVE		Y	\$507.10
K0538		NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	Y		\$15,994.15
K0538	RR	NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	Y		\$1,599.42
K0539		DRESSING SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.			\$25.55
K0540		CANISTER SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.			\$22.85
K0541		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN	Y	Y	\$364.40
K0541	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN	Y	Y	\$36.44
K0542		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	Y	Y	\$1,408.45
K0542	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	Y	Y	\$140.84
K0543		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	Y	Y	\$3,332.75
K0543	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	Y	Y	\$333.27
K0544		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	Y	Y	\$6,306.77
K0544	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	Y	Y	\$630.67
K0545		SPEECH GENERATING SOFTWARE PROGRAM	Y	Y	80% OF BILLED
K0546		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM, EACH.	Y	Y	80% OF BILLED
K0547		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASS.	Y	Y	80% OF BILLED
K0549		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY	Y	Y	\$2,732.75
K0549	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY		Y	\$273.28
K0550		HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY	Y	Y	\$7,668.11
K0550	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY		Y	\$766.81
K0556		SOCKET INSERT W LOCK MECH			\$607.63
K0557		SOCKET INSERT W/O LOCK MECH			\$506.34
K0558		INTL CUSTM CONG/ATYP INSERT	Y		\$1,074.81
K0559		INITIAL CUSTOM SOCKET INSERT	Y		\$1,074.81
K0581*		OST PCH CLSD W BARRIER/FILTR			\$2.75
K0582*		OST PCH W BAR/BLTINCONV/FLTR			\$3.72
K0583*		OST PCH CLSD W/O BAR W FILTR			\$1.81
K0584*		OST PCH FOR BAR W FLANGE/FLT			\$1.74

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K0585*		OST PCH CLSD FOR BAR W LK FL			80% OF BILLED
K0586*		OST PCH FOR BAR W LK FL/FLTR			80% OF BILLED
K0587*		OST PCH DRAIN W BAR & FILTER			\$4.75
K0588*		OST PCH DRAIN FOR BARRIER FL			\$3.58
K0589*		OST PCH DRAIN 2 PIECE SYSTEM			\$2.36
K0590*		OST PCH DRAIN/BARR LK FLNG/F			80% OF BILLED
K0591*		URINE OST POUCH W FAUCET/TAP			\$6.51
K0592*		URINE OST POUCH W BLTINCONV			\$7.52
K0593*		OST URINE PCH W B/BLTIN CONV			\$8.52
K0594*		OST PCH URINE W BARRIER/TAPV			\$5.08
K0595*		OS PCH URINE W BAR/FANGE/TAP			\$3.59
K0596*		URINE OST PCH BAR W LOCK FLN			\$3.34
K0597*		OST PCH URINE W LOCK FLNG/FT			\$3.76
L0100		CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L0110		CERVICAL CRANIOSTENOSIS HELMET NON-MOLDED		Y	80% OF BILLED
L0120		CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)		Y	\$24.76
L0130		CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT		Y	80% OF BILLED
L0140		CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)		Y	80% OF BILLED
L0150		CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO		Y	80% OF BILLED
L0160		CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR		Y	80% OF BILLED
L0170		CERVICAL COLLAR MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L0172		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE		Y	80% OF BILLED
L0174		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE		Y	80% OF BILLED
L0180		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	80% OF BILLED
L0190		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	80% OF BILLED
L0200		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	80% OF BILLED
L0210		THORACIC RIB BELT CUSTOM FITTED		Y	80% OF BILLED
L0220		THORACIC RIB BELT CUSTOM FABRICATED		Y	80% OF BILLED
L0450		TLSO FLEX PREFAB THORACIC		Y	\$130.83
L0452		TLSO FLEX CUSTOM FAB THORACI		Y	\$248.14
L0454		TLSO FLEX PREFAB SACROCOC-T9		Y	\$366.83
L0456		TLSO FLEX PREFAB		Y	\$366.83
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE		Y	\$606.25
L0460		TLSO2MOD SYMPHYSIS-STERN PRE		Y	\$606.25
L0462		TLSO 3MOD SACRO-SCAP PRE		Y	\$606.25
L0464		TLSO 4MOD SACRO-SCAP PRE		Y	\$606.25

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L0466		TLSO RIGID FRAME PRE SOFT AP		Y	\$293.85
L0468		TLSO RIGID FRAME PREFAB PELV		Y	\$345.05
L0470		TLSO RIGID FRAME PRE SUBCLAV		Y	\$479.92
L0472		TLSO RIGID FRAME HYPEREX PRE		Y	\$304.37
L0474		TLSO RIGID FRAME PRE PELVIC		Y	\$468.43
L0476		TLSO FLEXION COMPRES JAC PRE		Y	\$720.54
L0478		TLSO FLEXION COMPRES JAC CUS	Y	Y	\$1,253.86
L0480		TLSO RIGID PLASTIC CUSTOM FA	Y	Y	\$1,331.96
L0482		TLSO RIGID LINED CUSTOM FAB	Y	Y	\$1,489.36
L0484		TLSO RIGID PLASTIC CUST FAB	Y	Y	\$1,607.44
L0486		TLSO RIGIDLINED CUST FAB TWO	Y	Y	\$1,628.69
L0488		TLSO RIGID LINED PRE ONE PIE	Y	Y	\$1,140.86
L0490		TLSO RIGID PLASTIC PRE ONE		Y	\$843.32
L0500		LUMBAR-SACRAL-ORTHOSIS (LSO) FLEXIBLE (LUMBO-SACRAL SURGIC		Y	\$86.27
L0510		LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT) CUSTOM		Y	80% OF BILLED
L0515		LSO FLEXIBLE LUMBO-SACRAL SURGICAL SUPPORT ELASTIC TYPE W		Y	80% OF BILLED
L0520		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT WILCOX		Y	80% OF BILLED
L0530		LSO ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE) WITH		Y	80% OF BILLED
L0540		LSO LUMBAR FLEXION (WILLIAMS FLEXION TYPE)		Y	80% OF BILLED
L0550		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL		Y	80% OF BILLED
L0560		LSO ANTERIOR-POSTERIOR LATERAL CONTROL		Y	80% OF BILLED
L0561		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-		Y	\$270.67
L0565		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL CUSTOM FITTED		Y	80% OF BILLED
L0600		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM F		Y	80% OF BILLED
L0610		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM		Y	80% OF BILLED
L0620		SACROILIAC SEMI-RIGID (GOLDTHWAITE OSGOOD TYPES) WITH		Y	80% OF BILLED
L0700		CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO)		Y	80% OF BILLED
L0710		CTLSO ANTERIOR-POSTERIOR-LATERAL-CONTROL MOLDED TO		Y	80% OF BILLED
L0810		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET		Y	80% OF BILLED
L0820		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO PLASTER BOD		Y	80% OF BILLED
L0830		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO MILWAUKEE T		Y	80% OF BILLED
L0860		ADDITION TO HALO PROCEDURES MAGNETIC REASONANCE IMAGE COMPA		Y	80% OF BILLED
L0960		TORSO SUPPORT POST SURGICAL SUPPORT PADS FOR POST		Y	80% OF BILLED
L0970		TLSO CORSET FRONT		Y	80% OF BILLED
L0972		LSO CORSET FRONT		Y	80% OF BILLED
L0974		TLSO FULL CORSET		Y	80% OF BILLED

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L0976		LSO FULL CORSET		Y	80% OF BILLED
L0978		AXILLARY CRUTCH EXTENSION		Y	80% OF BILLED
L0980		PERONEAL STRAPS PAIR		Y	80% OF BILLED
L0982		STOCKING SUPPORTER GRIPS SET OF FOUR (4)		Y	80% OF BILLED
L0984		PROTECTIVE BODY SOCK EACH		Y	\$42.30
L0999		ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L1000		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE)		Y	80% OF BILLED
L1005		TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES	Y	Y	\$2,509.63
L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)		Y	80% OF BILLED
L1020		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD		Y	80% OF BILLED
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD FLOAT		Y	80% OF BILLED
L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR		Y	80% OF BILLED
L1040		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR		Y	80% OF BILLED
L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD		Y	80% OF BILLED
L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD		Y	80% OF BILLED
L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS		Y	80% OF BILLED
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER		Y	80% OF BILLED
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER BILATERA		Y	80% OF BILLED
L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING		Y	80% OF BILLED
L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE		Y	80% OF BILLED
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE		Y	80% OF BILLED
L1120		ADDITION TO CTLSO SCOLIOSIS ORTHOSIS COVER		Y	80% OF BILLED
L1200		THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO) INCLUSIVE OF FURNISH		Y	80% OF BILLED
L1210		ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION		Y	80% OF BILLED
L1220		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION		Y	80% OF BILLED
L1230		ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUCTU		Y	80% OF BILLED
L1240		ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD		Y	80% OF BILLED
L1250		ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD		Y	80% OF BILLED
L1260		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC DEROTATIO		Y	80% OF BILLED
L1270		ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD		Y	80% OF BILLED
L1280		ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH		Y	80% OF BILLED
L1290		ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD		Y	80% OF BILLED
L1300		OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT		Y	80% OF BILLED
L1310		OTHER SCOLIOSIS PROCEDURE POST-OPERATIVE BODY JACKET		Y	80% OF BILLED
L1499		SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L1500		THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO) MOBILITY FRAME		Y	80% OF BILLED

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L1510		THKAO STANDING FRAME		Y	80% OF BILLED
L1520		THKAO SWIVEL WALKER		Y	80% OF BILLED
L1600		HIP ORTHOSIS (HO) ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE		Y	80% OF BILLED
L1610		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA COVER		Y	80% OF BILLED
L1620		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE PAVLIK HARNES		Y	80% OF BILLED
L1630		HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE		Y	80% OF BILLED
L1640		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC		Y	80% OF BILLED
L1650		HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE		Y	80% OF BILLED
L1652		HO BI THIGHCUFFS W SPRDR BAR		Y	\$290.13
L1660		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC CUSTOM		Y	80% OF BILLED
L1670		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC ATTACHED TO		Y	80% OF BILLED
L1680		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC		Y	80% OF BILLED
L1685		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC		Y	80% OF BILLED
L1686		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC		Y	80% OF BILLED
L1690		COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL		Y	80% OF BILLED
L1700		LEGG PERTHES ORTHOSIS TORONTO TYPE		Y	80% OF BILLED
L1710		LEGG PERTHES ORTHOSIS NEWINGTON TYPE		Y	80% OF BILLED
L1720		LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE)		Y	80% OF BILLED
L1730		LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE		Y	80% OF BILLED
L1750		LEGG PERTHES ORTHOSIS LEGG PERTHES SLING (SAM		Y	80% OF BILLED
L1755		LEGG PERTHES ORTHOSIS PATTEN BOTTOM TYPE		Y	80% OF BILLED
L1800		KNEE ORTHOSIS (KO) ELASTIC WITH STAYS		Y	80% OF BILLED
L1810		KO ELASTIC WITH JOINTS		Y	80% OF BILLED
L1815		KO ELASTIC WITH CONDYLAR PADS		Y	80% OF BILLED
L1820		KO ELASTIC WITH CONDYLAR PADS AND JOINTS		Y	80% OF BILLED
L1825		KO ELASTIC KNEE CAP		Y	80% OF BILLED
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL		Y	80% OF BILLED
L1832		KO ADJUSTABLE KNEE JOINTS POSITIONAL ORTHOSIS RIGID SUPPO		Y	80% OF BILLED
L1834		KO WITHOUT KNEE JOINT RIGID MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L1836		RIGID KO WO JOINTS		Y	\$108.61
L1840		KO DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT		Y	80% OF BILLED
L1844		SINGLE UPRIGHT THIGH & CALF CUSTOM FITTED		Y	80% OF BILLED
L1845		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION		Y	\$493.81
L1846		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION		Y	80% OF BILLED
L1847		KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER		Y	\$434.90
L1850		KO SWEDISH TYPE		Y	80% OF BILLED

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L1855		KO MOLDED PLASTIC THIGH AND CALF SECTIONS WITH DOUBLE UPR		Y	80% OF BILLED
L1858		KO MOLDED PLASTIC POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE		Y	80% OF BILLED
L1860		KO MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET		Y	80% OF BILLED
L1870		KO DOUBLE UPRIGHT THIGH AND CALF LACERS MOLDED TO PATIENT		Y	80% OF BILLED
L1880		KO DOUBLE UPRIGHT NON-MOLDED THIGH AND CALF CUFFS/LACERS		Y	80% OF BILLED
L1885		KO SINGLE OR DOUBLE UPRIGHT THIGH & CALF W/FUNCTIONAL ACTI		Y	\$729.14
L1900		ANKLE-FOOT ORTHOSIS (AFO) SPRING WIRE DORSIFLEXION ASSIST		Y	80% OF BILLED
L1901		PREFAB ANKLE ORTHOSIS		Y	\$14.38
L1902		AFO ANKLE GAUNTLET CUSTOM FITTED		Y	80% OF BILLED
L1904		AFO MOLDED ANKLE GAUNTLET MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L1906		AFO MULTILIGAMENTUS ANKLE SUPPORT		Y	80% OF BILLED
L1910		AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER		Y	80% OF BILLED
L1920		AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP		Y	80% OF BILLED
L1930		AFO CUSTOM FITTED PLASTIC		Y	80% OF BILLED
L1940		AFO MOLDED TO PATIENT MODEL PLASTIC		Y	80% OF BILLED
L1945		AFO MOLDED TO PATIENT MODEL PLASTIC RIGID ANTERIOR TIBIAL		Y	80% OF BILLED
L1950		AFO SPIRAL MOLDED TO PATIENT MODEL (IRM TYPE) PLASTIC		Y	80% OF BILLED
L1960		AFO POSTERIOR SOLID ANKLE MOLDED TO PATIENT MODEL PLASTIC		Y	\$317.67
L1970		AFO PLASTIC MOLDED TO PATIENT MODEL WITH ANKLE JOINT		Y	\$502.31
L1980		AFO SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP		Y	80% OF BILLED
L1990		AFO DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP		Y	80% OF BILLED
L2000		KNEE-ANKLE-FOOT-ORTHOSSES (KAFO) SINGLE UPRIGHT FREE		Y	80% OF BILLED
L2010		KAFO SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP		Y	80% OF BILLED
L2020		KAFO DOUBLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP		Y	80% OF BILLED
L2030		KAFO DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP		Y	80% OF BILLED
L2035		KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)		Y	80% OF BILLED
L2036		KAFO FULL PLASTIC DOUBLE UPRIGHT FREE KNEE MOLDED TO PAT		Y	80% OF BILLED
L2037		KAFO FULL PLASTIC SINGLE UPRIGHT FREE KNEE MOLDED TO PAT		Y	80% OF BILLED
L2038		KAFO FULL PLASTIC WITHOUT KNEE JOINT MULTI-AXIS ANKLE MO		Y	80% OF BILLED
L2039		KAFO FULL PLASTIC SNGL POLY-AXIAL MED LAT ROTATION CUST		Y	80% OF BILLED
L2040		HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL BILATE		Y	80% OF BILLED
L2050		HKAFO TORSION CONTROL BILATERAL TORSION CABLES HIP		Y	80% OF BILLED
L2060		HKAFO TORSION CONTROL BILATERAL TORSION CABLES BALL		Y	80% OF BILLED
L2070		HKAFO TORSION CONTROL UNILATERAL ROTATION STRAPS		Y	80% OF BILLED
L2080		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE HIP		Y	80% OF BILLED
L2090		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE BALL		Y	80% OF BILLED

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L2102		ANKLE-FOOT-ORTHOSIS (AFO) FRACTURE ORTHOSIS TIBIAL FRACTUR		Y	80% OF BILLED
L2104		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS SYNTH		Y	80% OF BILLED
L2106		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERM		Y	80% OF BILLED
L2108		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS MOLDE		Y	80% OF BILLED
L2112		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT CUSTO		Y	80% OF BILLED
L2114		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI-RIGID		Y	80% OF BILLED
L2116		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID CUST		Y	80% OF BILLED
L2122		KNEE-ANKLE-FOOT-ORTHOSIS (KAFO) FRACTURE ORTHOSIS FEMORAL		Y	80% OF BILLED
L2124		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SYN		Y	80% OF BILLED
L2126		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS THE		Y	80% OF BILLED
L2128		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS MOL		Y	80% OF BILLED
L2132		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SOF		Y	80% OF BILLED
L2134		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SEM		Y	80% OF BILLED
L2136		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIG		Y	80% OF BILLED
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS PLASTIC SHOE		Y	80% OF BILLED
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS DROP LOCK KNE		Y	80% OF BILLED
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS LIMITED MOTIO		Y	80% OF BILLED
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS ADJUSTABLE MO		Y	80% OF BILLED
L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS QUADRILATERAL		Y	80% OF BILLED
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS WAIST BELT		Y	80% OF BILLED
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS HIP JOINT PE		Y	80% OF BILLED
L2200		ADDITION TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOIN		Y	80% OF BILLED
L2210		ADDITION TO LOWER EXTREMITY DORSIFLEXION ASSIST (PLANTAR		Y	80% OF BILLED
L2220		ADDITION TO LOWER EXTREMITY DORSIFLEXION AND PLANTAR FLEXIO		Y	80% OF BILLED
L2230		ADDITION TO LOWER EXTREMITY SPLIT FLAT CALIPER STIRRUPS		Y	80% OF BILLED
L2240		ADDITION TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHM		Y	80% OF BILLED
L2250		ADDITION TO LOWER EXTREMITY FOOT PLATE MOLDED TO PATIENT		Y	80% OF BILLED
L2260		ADDITION TO LOWER EXTREMITY REINFORCED SOLID STIRRUP		Y	80% OF BILLED
L2265		ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP		Y	80% OF BILLED
L2270		ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION ("T")		Y	\$36.04
L2275		ADD TO LOWER EXT VARUS/VALGUS CORRECTION PLASTIC MOD PAD		Y	\$111.28
L2280		ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT		Y	80% OF BILLED
L2300		ADDITION TO LOWER EXTREMITY ABDUCTION BAR (BILATERAL HIP		Y	80% OF BILLED
L2310		ADDITION TO LOWER EXTREMITY ABDUCTION BAR-STRAIGHT		Y	80% OF BILLED
L2320		ADDITION TO LOWER EXTREMITY NON-MOLDED LACER		Y	80% OF BILLED
L2330		ADDITION TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL		Y	80% OF BILLED

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L2335		ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND		Y	80% OF BILLED
L2340		ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL		Y	80% OF BILLED
L2350		ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET		Y	80% OF BILLED
L2360		ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK		Y	80% OF BILLED
L2370		ADDITION TO LOWER EXTREMITY PATTEN BOTTOM		Y	80% OF BILLED
L2375		ADDITION TO LOWER EXTREMITY TORSION CONTROL ANKLE JOINT A		Y	80% OF BILLED
L2380		ADDITION TO LOWER EXTREMITY TORSION CONTROL STRAIGHT KNEE		Y	80% OF BILLED
L2385		ADDITION TO LOWER EXTREMITY STRAIGHT KNEE JOINT HEAVY DUT		Y	80% OF BILLED
L2390		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT		Y	80% OF BILLED
L2395		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT HEAVY DUTY		Y	80% OF BILLED
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE		Y	\$81.74
L2405		ADDITION TO KNEE JOINT DROP LOCK EACH JOINT		Y	80% OF BILLED
L2410		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT CAM		Y	80% OF BILLED
L2415		ADDITION TO KNEE JOINT CAM LOCK (SWISS FRENCH BAIL TYPES)		Y	80% OF BILLED
L2425		ADDITION TO KNEE JOINT DISC OR DIAL LOCK FOR ADJUSTABLE KNE		Y	80% OF BILLED
L2430		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT		Y	80% OF BILLED
L2435		ADDITION TO KNEE JOINT POLYCENTRIC JOINT EACH JOINT		Y	80% OF BILLED
L2492		ADDITION TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING		Y	80% OF BILLED
L2500		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING GLUTEAL/		Y	80% OF BILLED
L2510		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-		Y	80% OF BILLED
L2520		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-		Y	80% OF BILLED
L2525		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C		Y	80% OF BILLED
L2526		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C		Y	80% OF BILLED
L2530		ADDITION TO LOWER EXTREMITY THIGH-WEIGHT BEARING LACER		Y	80% OF BILLED
L2540		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING LACER		Y	80% OF BILLED
L2550		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING HIGH		Y	80% OF BILLED
L2570		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEV		Y	80% OF BILLED
L2580		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING		Y	80% OF BILLED
L2600		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	80% OF BILLED
L2610		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	80% OF BILLED
L2620		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	80% OF BILLED
L2622		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU		Y	80% OF BILLED
L2624		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU		Y	80% OF BILLED
L2627		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PLASTIC MOLDED		Y	80% OF BILLED
L2628		ADDITION TO LOWER EXTREMITY PELVIC CONTROL METAL FRAME RE		Y	80% OF BILLED
L2630		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L2640		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT		Y	80% OF BILLED
L2650		ADDITION TO LOWER EXTREMITY PELVIC AND THORACIC CONTROL		Y	80% OF BILLED
L2660		ADDITION TO LOWER EXTREMITY THORACIC CONTROL THORACIC BAND		Y	80% OF BILLED
L2670		ADDITION TO LOWER EXTREMITY THORACIC CONTROL		Y	80% OF BILLED
L2680		ADDITION TO LOWER EXTREMITY THORACIC CONTROL		Y	80% OF BILLED
L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS PLATING CHROME OR		Y	80% OF BILLED
L2755		ADDITION TO LOWER EXTREM. ORTHOSIS CARBON GRAPHITE LAMINATI		Y	\$95.88
L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER		Y	80% OF BILLED
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR		Y	\$102.16
L2770		ADDITION TO LOWER EXTREMITY ORTHOSIS ANY MATERIAL - PER BAR		Y	80% OF BILLED
L2780		ADDITION TO LOWER EXTREMITY ORTHOSIS NON-CORROSIVE FINISH		Y	80% OF BILLED
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS DROP LOCK RETAINER EA		Y	80% OF BILLED
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL FULL KNEE		Y	80% OF BILLED
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP		Y	80% OF BILLED
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL CONDYLAR		Y	80% OF BILLED
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL		Y	80% OF BILLED
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL		Y	80% OF BILLED
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS TIBIAL LENGTH SOCK FR		Y	80% OF BILLED
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS FEMORAL LENGTH SOCK F		Y	80% OF BILLED
L2999		LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L3000		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL "UCB" TYPE		Y	80% OF BILLED
L3001		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SPENCO EA		Y	80% OF BILLED
L3002		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL PLASTAZOTE		Y	80% OF BILLED
L3003		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SILICONE		Y	80% OF BILLED
L3010		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN		Y	80% OF BILLED
L3020		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN		Y	80% OF BILLED
L3030		FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH		Y	80% OF BILLED
L3040		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH		Y	80% OF BILLED
L3050		FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH		Y	\$126.83
L3060		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL/		Y	80% OF BILLED
L3070		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	80% OF BILLED
L3080		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	80% OF BILLED
L3090		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	80% OF BILLED
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT		Y	80% OF BILLED
L3140		FOOT ROTATION POSITIONING DEVICE INCLUDING SHOE(S)		Y	80% OF BILLED
L3150		FOOT ROTATION POSITIONING DEVICE WITHOUT SHOE(S)		Y	80% OF BILLED

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L3170		FOOT PLASTIC HEEL STABILZER		Y	80% OF BILLED
L3204		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT		Y	\$130.16
L3206		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD		Y	\$130.16
L3207		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR		Y	80% OF BILLED
L3208		SURGICAL BOOT EACH INFANT		Y	80% OF BILLED
L3209		SURGICAL BOOT EACH CHILD		Y	80% OF BILLED
L3211		SURGICAL BOOT EACH JUNIOR		Y	80% OF BILLED
L3212		BENESCH BOOT PAIR INFANT		Y	80% OF BILLED
L3213		BENESCH BOOT PAIR CHILD		Y	80% OF BILLED
L3214		BENESCH BOOT PAIR JUNIOR		Y	80% OF BILLED
L3224		ORTH FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART		Y	80% OF BILLED
L3225		ORTH FOOTWEAR MAN'S SHOE OXFORD USED AS AN INTEGRAL PART		Y	80% OF BILLED
L3250		ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE		Y	80% OF BILLED
L3253		FOOT MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED EAC		Y	80% OF BILLED
L3257		ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE		Y	80% OF BILLED
L3260		AMBULATORY SURGICAL BOOT EACH		Y	80% OF BILLED
L3265		PLASTAZOTE SANDAL EACH		Y	80% OF BILLED
L3300		LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH		Y	80% OF BILLED
L3310		LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH		Y	80% OF BILLED
L3320		LIFT ELEVATION HEEL AND SOLE CORK PER INCH		Y	80% OF BILLED
L3330		LIFT ELEVATION METAL EXTENSION (SKATE)		Y	80% OF BILLED
L3332		LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH		Y	80% OF BILLED
L3334		LIFT ELEVATION HEEL PER INCH		Y	80% OF BILLED
L3340		HEEL WEDGE SACH		Y	80% OF BILLED
L3350		HEEL WEDGE		Y	80% OF BILLED
L3360		SOLE WEDGE OUTSIDE SOLE		Y	80% OF BILLED
L3370		SOLE WEDGE BETWEEN SOLE		Y	80% OF BILLED
L3380		CLUBFOOT WEDGE		Y	80% OF BILLED
L3390		OUTFLARE WEDGE		Y	80% OF BILLED
L3400		METATARSAL BAR WEDGE ROCKER		Y	80% OF BILLED
L3410		METATARSAL BAR WEDGE BETWEEN SOLE		Y	80% OF BILLED
L3420		FULL SOLE AND HEEL WEDGE BETWEEN SOLE		Y	80% OF BILLED
L3430		HEEL COUNTER PLASTIC REINFORCED		Y	80% OF BILLED
L3440		HEEL COUNTER LEATHER REINFORCED		Y	80% OF BILLED
L3450		HEEL SACH CUSHION TYPE		Y	80% OF BILLED
L3455		HEEL NEW LEATHER STANDARD		Y	80% OF BILLED

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L3460		HEEL NEW RUBBER STANDARD		Y	80% OF BILLED
L3465		HEEL THOMAS WITH WEDGE		Y	80% OF BILLED
L3470		HEEL THOMAS EXTENDED TO BALL		Y	80% OF BILLED
L3480		HEEL PAD AND DEPRESSION FOR SPUR		Y	80% OF BILLED
L3485		HEEL PAD REMOVABLE FOR SPUR		Y	80% OF BILLED
L3500		ORTHOPEDIC SHOE ADDITION INSOLE LEATHER		Y	80% OF BILLED
L3510		ORTHOPEDIC SHOE ADDITION INSOLE RUBBER		Y	80% OF BILLED
L3520		ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER		Y	80% OF BILLED
L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF		Y	80% OF BILLED
L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL		Y	80% OF BILLED
L3550		ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD		Y	80% OF BILLED
L3560		ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE		Y	80% OF BILLED
L3570		ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP		Y	80% OF BILLED
L3580		ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE		Y	80% OF BILLED
L3590		ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER		Y	80% OF BILLED
L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR		Y	80% OF BILLED
L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER		Y	80% OF BILLED
L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER		Y	80% OF BILLED
L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID		Y	80% OF BILLED
L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID		Y	80% OF BILLED
L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER DENNIS		Y	80% OF BILLED
L3649		ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS		Y	80% OF BILLED
L3650		SHOULDER ORTHOSIS (SO) FIGURE OF "8" DESIGN ABDUCTION RE-		Y	80% OF BILLED
L3651		PREFAB SHOULDER ORTHOSIS		Y	\$48.78
L3652		PREFAB DBL SHOULDER ORTHOSIS		Y	\$146.99
L3660		SO FIGURE OF "8" DESIGN ABDUCTION RESTRAINER CANVAS		Y	80% OF BILLED
L3670		SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)		Y	80% OF BILLED
L3675		SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE		Y	\$120.77
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-		Y	80% OF BILLED
L3700		ELBOW ORTHOSES (EO) ELASTIC WITH STAYS		Y	80% OF BILLED
L3701		PREFAB ELBOW ORTHOSIS		Y	\$15.09
L3710		EO ELASTIC WITH METAL JOINTS		Y	80% OF BILLED
L3720		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION		Y	80% OF BILLED
L3730		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS EXTENSION/		Y	80% OF BILLED
L3740		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS ADJUSTABLE		Y	80% OF BILLED
L3760		ELBOW ORTHOSIS, W/ADJUST POSITION LOCKING JNT(S), PREFABRICATED.		Y	\$344.13

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L3762		RIGID EO WO JOINTS		Y	\$79.64
L3800		WRIST-HAND-FINGER-ORTHOSES (WHFO) SHORT OPPONENS NO		Y	80% OF BILLED
L3805		WHFO LONG OPPONENS NO ATTACHMENT		Y	80% OF BILLED
L3807		WHFO EXTENSION ASSIST WITH INFLATABLE PALMAR AIR SUPPORT		Y	80% OF BILLED
L3810		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB ABDUCTION		Y	80% OF BILLED
L3815		WHFO ADDITION TO SHORT AND LONG OPPONENS SECOND M.P.		Y	80% OF BILLED
L3820		WHFO ADDITION TO SHORT AND LONG OPPONENS I.P. EXTENSION		Y	80% OF BILLED
L3825		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION		Y	80% OF BILLED
L3830		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION		Y	80% OF BILLED
L3835		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. SPRING		Y	80% OF BILLED
L3840		WHFO ADDITION TO SHORT AND LONG OPPONENS SPRING SWIVEL		Y	80% OF BILLED
L3845		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB I.P.		Y	80% OF BILLED
L3850		WHFO ADDITION TO SHORT AND LONG OPPONENS ACTION WRIST WI		Y	80% OF BILLED
L3855		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.		Y	80% OF BILLED
L3860		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.		Y	80% OF BILLED
L3900		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/		Y	80% OF BILLED
L3901		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/		Y	80% OF BILLED
L3902		WHFO EXTERNAL POWERED COMPRESSED GAS		Y	80% OF BILLED
L3904		WHFO EXTERNAL POWERED ELECTRIC		Y	80% OF BILLED
L3906		WHFO WRIST GAUNTLET MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L3907		WHFO WRIST GAUNTLED WITH THUMB SPICA MOLDED TO PATIENT MOD		Y	80% OF BILLED
L3908		WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED		Y	80% OF BILLED
L3909		PREFAB WRIST ORTHOSIS		Y	\$10.48
L3910		WHFO SWANSON DESIGN		Y	80% OF BILLED
L3911		PREFAB HAND FINGER ORTHOSIS		Y	80% OF BILLED
L3912		WHFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL		Y	80% OF BILLED
L3914		WHFO WRIST EXTENSION COCK-UP		Y	80% OF BILLED
L3916		WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER		Y	80% OF BILLED
L3918		WHFO KNUCKLE BENDER		Y	80% OF BILLED
L3920		WHFO KNUCKLE BENDER WITH OUTRIGGER		Y	80% OF BILLED
L3922		WHFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS		Y	80% OF BILLED
L3923		HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED.		Y	\$26.78
L3924		WHFO OPPENHEIMER		Y	80% OF BILLED
L3926		WHFO THOMAS SUSPENSION		Y	80% OF BILLED
L3928		WHFO FINGER EXTENSION WITH CLOCK SPRING		Y	80% OF BILLED
L3930		WHFO FINGER EXTENSION WITH WRIST SUPPORT		Y	80% OF BILLED

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L3932		WHFO SAFETY PIN SPRING WIRE		Y	80% OF BILLED
L3934		WHFO SAFETY PIN MODIFIED		Y	80% OF BILLED
L3936		WHFO PALMER		Y	80% OF BILLED
L3938		WHFO DORSAL WRIST		Y	80% OF BILLED
L3940		WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT		Y	80% OF BILLED
L3942		WHFO REVERSE KNUCKLE BENDER		Y	80% OF BILLED
L3944		WHFO REVERSE KNUCKLE BENDER WITH OUTRIGGER		Y	80% OF BILLED
L3946		WHFO COMPOSITE ELASTIC		Y	80% OF BILLED
L3948		WHFO FINGER KNUCKLE BENDER		Y	80% OF BILLED
L3950		WHFO COMBINATION OPPENHEIMER WITH KNUCKLE BENDER AND TWO		Y	80% OF BILLED
L3952		WHFO COMBINATION OPPENHEIMER WITH REVERSE KNUCKLE AND TWO		Y	80% OF BILLED
L3954		WHFO SPREADING HAND		Y	80% OF BILLED
L3960		SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO) ABDUCTION		Y	80% OF BILLED
L3962		SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN		Y	80% OF BILLED
L3963		SEWHO MOLDED SHOULDER ARM FOREARM AND WRIST WITH ARTICU		Y	80% OF BILLED
L3964		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	80% OF BILLED
L3965		SEWHO-RADIAL ARM SUPPORT. ATTACHED TO WHEELCHAIR		Y	80% OF BILLED
L3966		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	80% OF BILLED
L3968		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	80% OF BILLED
L3969		SEWHO MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPO		Y	80% OF BILLED
L3970		SEWHO ADDITION TO MOBILE ARM SUPPORT ELEVATING PROXIMAL AR		Y	80% OF BILLED
L3972		SEWHO ADDITION TO MOBILE ARM SUPPORT OFFSET OR LATERAL		Y	80% OF BILLED
L3974		SEWHO ADDITION TO MOBILE ARM SUPPORT SUPINATOR		Y	80% OF BILLED
L3980		UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL		Y	80% OF BILLED
L3982		UPPER EXTREMITY FRACTURE ORTHOSIS RADIUS/ULNAR		Y	80% OF BILLED
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS WRIST		Y	80% OF BILLED
L3985		UPPER EXTREMITY FRACTURE ORTHOSIS FOREARM HAND WITH WRIST		Y	80% OF BILLED
L3986		UPPER EXTREMITY FRACTURE ORTHOSIS COMBINATION OF		Y	80% OF BILLED
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS SOCK FRACTURE OR EQUA		Y	80% OF BILLED
L3999		UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L4000		REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS		Y	80% OF BILLED
L4010		REPLACE TRILATERAL SOCKET BRIM		Y	80% OF BILLED
L4020		REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL		Y	80% OF BILLED
L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED		Y	80% OF BILLED
L4040		REPLACE MOLDED THIGH LACER		Y	80% OF BILLED
L4045		REPLACE NON-MOLDED THIGH LACER		Y	80% OF BILLED

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L4050		REPLACE MOLDED CALF LACER		Y	80% OF BILLED
L4055		REPLACE NON-MOLDED CALF LACER		Y	80% OF BILLED
L4060		REPLACE HIGH ROLL CUFF		Y	80% OF BILLED
L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		Y	80% OF BILLED
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH		Y	80% OF BILLED
L4090		REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH		Y	80% OF BILLED
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH		Y	80% OF BILLED
L4110		REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH		Y	80% OF BILLED
L4205		REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES		Y	80% OF BILLED
L4210		REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS		Y	\$54.65
L4350		PNEUMATIC ANKLE CONTROL SPLINT (E.G. AIRCAST)		Y	\$29.69
L4360		PNEUMATIC WALKING SPLINT (E.G. AIRCAST)		Y	80% OF BILLED
L4370		PNEUMATIC FULL LEG SPLINT (E.G. AIRCAST)		Y	80% OF BILLED
L4380		PNEUMATIC KNEE SPLINT (E.G. AIRCAST)		Y	80% OF BILLED
L4386		NON-PNEUMATIC WALKING SPLINT		Y	\$129.03
L4392		REPLACE SOFT INTERFACE MATERIAL ANKLE CONTRACTURE SPLINT		Y	\$17.12
L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT		Y	\$12.51
L4396		ANKLE CONTRACTURE SPLINT		Y	\$122.15
L4398		FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE		Y	\$56.24
L5000*		PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER		Y	80% OF BILLED
L5010*		PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER		Y	80% OF BILLED
L5020*		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HEIGHT WITH TO		Y	80% OF BILLED
L5050*		ANKLE SYMES MOLDED SOCKET SACH FOOT		Y	80% OF BILLED
L5060*		ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET		Y	80% OF BILLED
L5100*		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT		Y	80% OF BILLED
L5105*		BELOW KNEE PLASTIC SOCKET JOINTS AND THIGH LACER SACH FOO		Y	80% OF BILLED
L5150*		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET EXTER		Y	80% OF BILLED
L5160*		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT		Y	80% OF BILLED
L5200*		ABOVE KNEE MOLDED SOCKET SINGLE AXIS CONSTANT FRICTION		Y	80% OF BILLED
L5210*		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI		Y	80% OF BILLED
L5220*		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI		Y	80% OF BILLED
L5230*		ABOVE KNEE FOR PROXIMAL FEMORAL FOCAL DEFICIENCY CONSTANT		Y	80% OF BILLED
L5250*		HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET HIP JOINT		Y	80% OF BILLED
L5270*		HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCKET LOCKING		Y	80% OF BILLED
L5280*		HEMIPELVECTOMY CANADIAN TYPE; MOLDED SOCKET HIP JOINT SIN		Y	80% OF BILLED
L5301*		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL	Y	Y	\$1,788.58

*Covered for Basic Medicaid.

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5311*		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL	Y	Y	\$2,817.79
L5321*		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL	Y	Y	\$2,539.37
L5331*		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL	Y	Y	\$4,328.46
L5341*		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL	Y	Y	\$4,686.81
L5400*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	80% OF BILLED
L5410*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	80% OF BILLED
L5420*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	80% OF BILLED
L5430*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	80% OF BILLED
L5450*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON		Y	80% OF BILLED
L5460*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON		Y	80% OF BILLED
L5500*		INITIAL BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON		Y	80% OF BILLED
L5505*		INITIAL ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SO		Y	80% OF BILLED
L5510*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	80% OF BILLED
L5520*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL		Y	80% OF BILLED
L5530*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	80% OF BILLED
L5535*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET USMC OR EQUAL PYL		Y	80% OF BILLED
L5540*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	80% OF BILLED
L5560*		PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL		Y	80% OF BILLED
L5570*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	80% OF BILLED
L5580*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	80% OF BILLED
L5585*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	80% OF BILLED
L5590*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	80% OF BILLED
L5595*		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C		Y	80% OF BILLED
L5600*		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C		Y	80% OF BILLED
L5610*		ADDITION TO LOWER EXTREMITY ABOVE KNEE HYDRACADENCE SYSTEM		Y	80% OF BILLED
L5611*		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION		Y	80% OF BILLED
L5612*		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE POLYCADENCE		Y	80% OF BILLED
L5613*		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION		Y	80% OF BILLED
L5614*		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE LAWRENCE POLYCENTR	Y	Y	\$2,949.92
L5616*		ADDITION TO LOWER EXTREMITY ABOVE KNEE UNIVERSAL MULTIPLEX		Y	80% OF BILLED
L5617*		ADDITIONS TO LOWER EXTREMITY QUICK CHANGE SELF ALIGNING UNI		Y	\$395.02
L5618*		ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES		Y	80% OF BILLED
L5620*		ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE		Y	80% OF BILLED
L5622*		ADDITION TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATI		Y	80% OF BILLED
L5624*		ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE		Y	80% OF BILLED
L5626*		ADDITION TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATIO		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5628*		ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY		Y	80% OF BILLED
L5629*		ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET		Y	80% OF BILLED
L5630*		ADDITION TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL		Y	80% OF BILLED
L5631*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULAT		Y	80% OF BILLED
L5632*		ADDITION TO LOWER EXTREMITY SYMES TYPE "PTB" BRIM DESIGN		Y	80% OF BILLED
L5634*		ADDITION TO LOWER EXTREMITY SYMES TYPE POSTERIOR OPENING		Y	80% OF BILLED
L5636*		ADDITION TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING		Y	80% OF BILLED
L5637*		ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT		Y	80% OF BILLED
L5638*		ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET		Y	80% OF BILLED
L5639		ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET		Y	80% OF BILLED
L5640*		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION LEATHER		Y	80% OF BILLED
L5642*		ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET		Y	80% OF BILLED
L5643*		ADDITION TO LOWER EXTREMITY HIP DISARTICULATION FLEXIBLE		Y	80% OF BILLED
L5644*		ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET		Y	80% OF BILLED
L5645*		ADDITION TO LOWER EXTREMITY BELOW KNEE FLEXIBLE INNER SOC		Y	80% OF BILLED
L5646*		ADDITION TO LOWER EXTREMITY BELOW KNEE AIR CUSHION SOCKET		Y	80% OF BILLED
L5647*		ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET		Y	80% OF BILLED
L5648*		ADDITION TO LOWER EXTREMITY ABOVE KNEE AIR CUSHION SOCKET		Y	80% OF BILLED
L5649*		ADDITION TO LOWER EXTREMITY ISCHIAL CONTAINMENT/NARROW M-L		Y	80% OF BILLED
L5650*		ADDITIONS TO LOWER EXTREMITY TOTAL CONTACT ABOVE KNEE OR		Y	80% OF BILLED
L5651*		ADDITION TO LOWER EXTREMITY ABOVE KNEE FLEXIBLE INNER SOC		Y	80% OF BILLED
L5652*		ADDITION TO LOWER EXTREMITY SUCTION SUSPENSION ABOVE KNEE		Y	80% OF BILLED
L5653*		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION EXPANDAB		Y	80% OF BILLED
L5654*		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES (KEMBLO		Y	80% OF BILLED
L5655*		ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE		Y	80% OF BILLED
L5656*		ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICUL		Y	80% OF BILLED
L5658*		ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE		Y	80% OF BILLED
L5661*		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER		Y	80% OF BILLED
L5665*		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER		Y	80% OF BILLED
L5666*		ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION		Y	80% OF BILLED
L5668*		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL		Y	80% OF BILLED
L5670*		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED SUPRACONDYL		Y	80% OF BILLED
L5671*		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION		Y	\$512.41
L5672*		ADDITION TO LOWER EXTREMITY BELOW KNEE REMOVABLE MEDIAL		Y	80% OF BILLED
L5674*		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE		Y	80% OF BILLED
L5675*		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE SUSPE		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5676*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS SINGL		Y	80% OF BILLED
L5677*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS POLYC		Y	80% OF BILLED
L5678*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE JOINT COVERS PAIR		Y	80% OF BILLED
L5680*		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER NON-		Y	80% OF BILLED
L5682*		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER		Y	80% OF BILLED
L5684*		ADDITION TO LOWER EXTREMITY BELOW KNEE FORK STRAP		Y	80% OF BILLED
L5686*		ADDITION TO LOWER EXTREMITY BELOW KNEE BACK CHECK		Y	80% OF BILLED
L5688*		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBIN		Y	80% OF BILLED
L5690*		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT PADDED		Y	80% OF BILLED
L5692*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL		Y	80% OF BILLED
L5694*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL		Y	80% OF BILLED
L5695*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL SLE		Y	80% OF BILLED
L5696*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	80% OF BILLED
L5697*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	80% OF BILLED
L5698*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	80% OF BILLED
L5699*		ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS		Y	80% OF BILLED
L5700*		REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	Y	Y	\$1,918.78
L5701*		REPLACEMENT SOCKET ABOVE KNEE/KNEE DISART INC ATT PLATE	Y	Y	\$2,561.01
L5702*		REPL SOCKET HIP DISART INC HIP JOINT MOLDED TO PATIENT MODEL	Y	Y	\$3,529.82
L5704*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE		Y	\$400.41
L5705*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE		Y	\$679.88
L5706*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULA		Y	\$670.83
L5707*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC		Y	\$925.55
L5710*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	80% OF BILLED
L5711*		ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	80% OF BILLED
L5712*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI		Y	80% OF BILLED
L5714*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS VARIAB		Y	80% OF BILLED
L5716*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN		Y	80% OF BILLED
L5718*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICT		Y	80% OF BILLED
L5722*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	80% OF BILLED
L5724*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	80% OF BILLED
L5726*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS EXTERN		Y	80% OF BILLED
L5728*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	80% OF BILLED
L5780*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	80% OF BILLED
L5781		LOWER LIMB PROS VACUUM PUMP	Y	Y	\$3,262.85
L5782		HD LOW LIMB PROS VACUUM PUMP		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5785*		ADDITION EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERI		Y	80% OF BILLED
L5790*		ADDITION EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERI		Y	80% OF BILLED
L5795*		ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIG		Y	80% OF BILLED
L5810*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	80% OF BILLED
L5811*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	80% OF BILLED
L5812*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI		Y	80% OF BILLED
L5814*		KNEE-SHIN SYST SINGLE AXIS VARIABLE FRICTION SWING CONTROL		Y	80% OF BILLED
L5816*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN		Y	80% OF BILLED
L5818*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTI		Y	80% OF BILLED
L5822*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	80% OF BILLED
L5824*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	80% OF BILLED
L5826*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAU		Y	80% OF BILLED
L5828*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	80% OF BILLED
L5830*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	80% OF BILLED
L5840*		ADD ENDOSKEL KNEE/SKIN SYSTEM 4-BAR OR MULTIAXIAL PNEUM	Y	Y	\$1,913.12
L5845*		ADD ENDOSKEL KNEE SHIN SYSTEM STANCE FLEXION FEATURE ADJUST	Y	Y	\$2,651.44
L5846*		ADD ENDOSKEL KNEE SHIN SYSTEM MICROPROCESSOR SWING PHASE	Y	Y	\$3,826.96
L5847*		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR	Y	Y	\$12,167.53
L5848		KNEE-SHIN SYS HYDRAUL STANCE		Y	\$876.88
L5850*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICUL		Y	80% OF BILLED
L5855*		ADD ENDOSKEL SYS HIP DISART MECHANICAL HIP EXT ASSIST		Y	\$276.84
L5910*		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		Y	80% OF BILLED
L5920*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULA		Y	80% OF BILLED
L5925*		ADD ENDOSKEL SYS ABOVE KNEE KNEE DISART OR HIP DISART MANUAL		Y	\$302.94
L5930*		ADD ENDOSKEL SYS HIGH ACTIVITY KNEE CONTROL FRAME	Y	Y	\$2,376.32
L5940*		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATE		Y	80% OF BILLED
L5950*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATE		Y	80% OF BILLED
L5960*		ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-L		Y	80% OF BILLED
L5962*		ADD ENDOSK SYS BELOW KNEE FLEXIBLE PROT OUTER SURFACE COVER		Y	\$506.35
L5964*		ADD ENDOSK SYS ABOVE KNEE FLEXIBLE PROT OUTER SURFACE COV		Y	\$715.46
L5966*		ADD ENDOSK SYS HIP DISART FLEXIBLE PROTECTIVE OUTER SURFACE		Y	\$909.94
L5968*		ALL LOWER EXTREM PROSTHESIS ANKLE MULTIAXIAL SHOCK ABSORBI	Y	Y	\$2,753.04
L5970*		ALL LOWER EXTREMITY PROSTHESES FOOT EXTERNAL KEEL SACH FO		Y	80% OF BILLED
L5972*		ALL LOWER EXTREMITY PROSTHESES FLEXIBLE KEEL FOOT (SAFE ST		Y	80% OF BILLED
L5974*		ALL LOWER EXTREMITY PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT		Y	80% OF BILLED
L5975*		ALL LOWER EXTREM PROSTHESIS COMBO SNGL AXIS ANKLE/FLEX KEEL		Y	\$351.23

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5976*		ALL LOWER EXTREMITY PROSTHESES ENERGY STORING FOOT (SEATTLE		Y	80% OF BILLED
L5978*		ALL LOWER EXTREMITY PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT		Y	80% OF BILLED
L5979*		ALL LOWER EXT PROSTHESES MULTI AXIAL ANKLE/FOOT DYNAMIC RES	Y	Y	\$1,867.66
L5980*		ALL LOWER EXTREMITY PROSTHESES FLEX FOOT SYSTEM		Y	80% OF BILLED
L5981*		ALL LOWER EXTREMIT PROSTHESES FLEXIBLE WALK SYSTEM OR EQUAL	Y	Y	\$2,184.47
L5982*		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION U		Y	80% OF BILLED
L5984*		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION		Y	80% OF BILLED
L5985*		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES DYNAMIC PROSTHE		Y	\$199.35
L5986*		ALL LOWER EXTREMITY PROSTHESES MULTI-AXIAL ROTATION UNIT ("		Y	80% OF BILLED
L5988*		ALL LOWER EXTREM PROSTHESIS COMBO VERTICAL SHOCK/MULTIAXIAL	Y	Y	\$1,513.42
L5989*		ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL SYSTEM,	Y	Y	\$2,433.50
L5990*		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL	Y	Y	\$1,425.28
L5995*		LOWER EXT PROS HEAVYDUTY FEA		Y	80% OF BILLED
L5999*		LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L6000*		PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)		Y	80% OF BILLED
L6010*		PARTIAL HAND ROBIN-AIDS LITTLE AND/OR RING FINGER REMAININ		Y	80% OF BILLED
L6020*		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)		Y	80% OF BILLED
L6025*		PART HAND DISART MYOELECTRIC	Y	Y	\$6,525.70
L6050*		WRIST DISARTICULATION MOLDED SOCKET FLEXIBLE ELBOW HINGES		Y	80% OF BILLED
L6055*		WRIST DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA		Y	80% OF BILLED
L6100*		BELOW ELBOW MOLDED SOCKET FLEXIBLE ELBOW HINGE TRICEPS		Y	80% OF BILLED
L6110*		BELOW ELBOW MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUS-		Y	80% OF BILLED
L6120*		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES		Y	80% OF BILLED
L6130*		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STUMP ACTIVATE		Y	80% OF BILLED
L6200*		ELBOW DISARTICULATION MOLDED SOCKET OUTSIDE LOCKING HINGE		Y	80% OF BILLED
L6205*		ELBOW DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA		Y	80% OF BILLED
L6250*		ABOVE ELBOW MOLDED DOUBLE WALL SOCKET INTERNAL LOCKING ELB		Y	80% OF BILLED
L6300*		SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD		Y	80% OF BILLED
L6310*		SHOULDER DISARTICULATION PASSIVE RESTORATION (COMPLETE PROS		Y	80% OF BILLED
L6320*		SHOULDER DISARTICULATION PASSIVE RESTORATION (SHOULDER CAP		Y	80% OF BILLED
L6350*		INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD		Y	80% OF BILLED
L6360*		INTERSCAPULAR THORACIC PASSIVE RESTORATION (COMPLETE PROS-		Y	80% OF BILLED
L6370*		INTERSCAPULAR THORACIC PASSIVE RESTORATION (SHOULDER CAP ON		Y	80% OF BILLED
L6380*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	80% OF BILLED
L6382*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	80% OF BILLED
L6384*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L6386*		IMMEDIATE POST SURGICAL OR EARLY FITTING EACH ADDITIONAL CA		Y	80% OF BILLED
L6388*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF RIG		Y	80% OF BILLED
L6400*		BELOW ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING		Y	80% OF BILLED
L6450*		ELBOW DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	80% OF BILLED
L6500*		ABOVE ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING		Y	80% OF BILLED
L6550*		SHOULDER DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	80% OF BILLED
L6570*		INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	80% OF BILLED
L6580*		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA		Y	80% OF BILLED
L6582*		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA		Y	80% OF BILLED
L6584*		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA		Y	80% OF BILLED
L6586*		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA		Y	80% OF BILLED
L6588*		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA		Y	80% OF BILLED
L6590*		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA		Y	80% OF BILLED
L6600*		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR		Y	80% OF BILLED
L6605*		UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR		Y	80% OF BILLED
L6610*		UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR		Y	80% OF BILLED
L6615*		UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT		Y	80% OF BILLED
L6616*		UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L		Y	80% OF BILLED
L6620*		UPPER EXTREMITY ADDITIONS FLEXION-FRICTION WRIST UNIT		Y	80% OF BILLED
L6623*		UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST		Y	80% OF BILLED
L6625*		UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE		Y	80% OF BILLED
L6628*		UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT		Y	80% OF BILLED
L6629*		UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA		Y	80% OF BILLED
L6630*		UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST		Y	80% OF BILLED
L6632*		UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH		Y	80% OF BILLED
L6635*		UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW		Y	80% OF BILLED
L6637*		UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK		Y	80% OF BILLED
L6638*		ELEC LOCK ON MANUAL PW ELBOW	Y	Y	\$2,039.28
L6640*		UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR		Y	80% OF BILLED
L6641*		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE		Y	80% OF BILLED
L6642*		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE		Y	80% OF BILLED
L6645*		UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION		Y	80% OF BILLED
L6646*		MULTIPO LOCKING SHOULDER JNT	Y	Y	\$2,571.99
L6647*		SHOULDER LOCK ACTUATOR		Y	\$423.47
L6648*		EXT PWRD SHLDER LOCK/UNLOCK	Y	Y	\$2,652.65
L6650*		UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH		Y	80% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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L6655*		UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA		Y	80% OF BILLED
L6660*		UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE		Y	80% OF BILLED
L6665*		UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING		Y	80% OF BILLED
L6670*		UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER		Y	80% OF BILLED
L6672*		UPPER EXTREMITY ADDITIONS HARNESS CHEST OR		Y	80% OF BILLED
L6675*		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8")		Y	80% OF BILLED
L6676*		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8") EIGHT		Y	80% OF BILLED
L6680*		UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-		Y	80% OF BILLED
L6682*		UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-		Y	80% OF BILLED
L6684*		UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-		Y	80% OF BILLED
L6686*		UPPER EXTREMITY ADDITION SUCTION SOCKET		Y	80% OF BILLED
L6687*		UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW		Y	80% OF BILLED
L6688*		UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW		Y	80% OF BILLED
L6689*		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR		Y	80% OF BILLED
L6690*		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-		Y	80% OF BILLED
L6691*		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH		Y	80% OF BILLED
L6692*		UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH		Y	80% OF BILLED
L6693*		UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE	Y	Y	\$2,150.81
L6700*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3		Y	80% OF BILLED
L6705*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5		Y	80% OF BILLED
L6710*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X		Y	80% OF BILLED
L6715*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA		Y	80% OF BILLED
L6720*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6		Y	80% OF BILLED
L6725*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7		Y	80% OF BILLED
L6730*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO		Y	80% OF BILLED
L6735*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8		Y	80% OF BILLED
L6740*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X		Y	80% OF BILLED
L6745*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X		Y	80% OF BILLED
L6750*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P		Y	80% OF BILLED
L6755*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X		Y	80% OF BILLED
L6765*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P		Y	80% OF BILLED
L6770*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X		Y	80% OF BILLED
L6775*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555		Y	80% OF BILLED
L6780*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555		Y	80% OF BILLED
L6790*		TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL		Y	80% OF BILLED
L6795*		TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL		Y	80% OF BILLED

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L6800*		TERMINAL DEVICES HOOKS-APRL VC OR EQUAL		Y	80% OF BILLED
L6805*		TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT		Y	80% OF BILLED
L6806*		TERMINAL DEVICE HOOK TRS GRIP VC		Y	80% OF BILLED
L6807*		TERMINAL DEVICE HOOK TRS ADEPT CHILD VC		Y	80% OF BILLED
L6808*		TERMINAL DEVICE HOOK TRS ADEPT INFANT VC		Y	80% OF BILLED
L6809*		TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE		Y	80% OF BILLED
L6810*		TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL		Y	80% OF BILLED
L6825*		TERMINAL DEVICES HANDS DORRANCE VO		Y	80% OF BILLED
L6830*		TERMINAL DEVICES HANDS APRL VC		Y	80% OF BILLED
L6835*		TERMINAL DEVICES HANDS SIERRA VO		Y	80% OF BILLED
L6840*		TERMINAL DEVICES HANDS BECKER IMPERIAL		Y	80% OF BILLED
L6845*		TERMINAL DEVICES HANDS BECKER LOCK GRIP		Y	80% OF BILLED
L6850*		TERMINAL DEVICES HANDS BECKER PLYLITE		Y	80% OF BILLED
L6855*		TERMINAL DEVICES HANDS ROBIN-AIDS VO		Y	80% OF BILLED
L6860*		TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT		Y	80% OF BILLED
L6865*		TERMINAL DEVICES HANDS PASSIVE HAND		Y	80% OF BILLED
L6867*		TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL)		Y	80% OF BILLED
L6868*		TERMINAL DEVICE HAND PASSIVE INFANT HAND (STEEPER HOSME		Y	80% OF BILLED
L6869*		TERMINAL DEVICE HAND PASSIVE INFANT HAND HOSMER OR EQUAL		Y	80% OF BILLED
L6870*		TERMINAL DEVICES HANDS CHILD MITT		Y	80% OF BILLED
L6872*		TERMINAL DEVICE HAND NYU CHILD HAND		Y	80% OF BILLED
L6873*		TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR		Y	80% OF BILLED
L6875*		TERMINAL DEVICES HANDS BOCK VC		Y	80% OF BILLED
L6880*		TERMINAL DEVICES HANDS BOCK VO		Y	80% OF BILLED
L6881*		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC	Y	Y	\$3,211.82
L6882*		MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB	Y	Y	\$2,436.35
L6890*		TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE		Y	80% OF BILLED
L6895*		TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE		Y	80% OF BILLED
L6900*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	80% OF BILLED
L6905*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	80% OF BILLED
L6910*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	80% OF BILLED
L6915*		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)		Y	80% OF BILLED
L6920*		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER		Y	80% OF BILLED
L6925*		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER		Y	80% OF BILLED
L6930*		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE		Y	80% OF BILLED
L6935*		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE		Y	80% OF BILLED

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L6940*		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET		Y	80% OF BILLED
L6945*		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET		Y	80% OF BILLED
L6950*		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE		Y	80% OF BILLED
L6955*		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE		Y	80% OF BILLED
L6960*		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE		Y	80% OF BILLED
L6965*		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE		Y	80% OF BILLED
L6970*		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET		Y	80% OF BILLED
L6975*		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET		Y	80% OF BILLED
L7010*		ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL		Y	80% OF BILLED
L7015*		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW		Y	80% OF BILLED
L7020*		ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL		Y	80% OF BILLED
L7025*		ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR		Y	80% OF BILLED
L7030*		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY		Y	80% OF BILLED
L7035*		ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO		Y	80% OF BILLED
L7040*		PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED		Y	80% OF BILLED
L7045*		ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED		Y	80% OF BILLED
L7170*		ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED		Y	80% OF BILLED
L7180*		ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE		Y	80% OF BILLED
L7185*		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL		Y	80% OF BILLED
L7186*		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO		Y	80% OF BILLED
L7190*		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC		Y	80% OF BILLED
L7191*		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR		Y	80% OF BILLED
L7260*		ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL		Y	80% OF BILLED
L7261*		ELECTRONIC WRIST ROTATOR FOR UTAH ARM		Y	80% OF BILLED
L7266*		SERVO CONTROL STEEPER OR EQUAL		Y	80% OF BILLED
L7272*		ANALOGUE CONTROL UNB OR EQUAL		Y	80% OF BILLED
L7274*		PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL		Y	80% OF BILLED
L7360*		SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH		Y	80% OF BILLED
L7362*		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL		Y	80% OF BILLED
L7364*		TWELVE VOLT BATTERY UTAH OR EQUAL EACH		Y	80% OF BILLED
L7366*		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL		Y	80% OF BILLED
L7367*		REPLACEMNT LITHIUM IONBATTER		Y	\$317.49
L7368*		3ITHIUM ION BATTERY CHARGER		Y	\$411.57
L7499*		UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L7500*		REPAIR OF PROSTHETIC DEVICE HOURLY RATE		Y	80% OF BILLED
L7510*		REPAIR PROSTHETIC DEVICE REPAIR OR REPLACE MINOR PARTS		Y	80% OF BILLED

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L7520*		REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES		Y	80% OF BILLED
L7900*		VACUUM ERECTION SYSTEM		Y	80% OF BILLED
L8000*		BREAST PROSTHESIS MASTECTOMY BRA		Y	80% OF BILLED
L8001*		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST		Y	\$98.54
L8002*		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST		Y	\$129.62
L8010*		BREAST PROSTHESIS MASTECTOMY SLEEVE		Y	80% OF BILLED
L8015*		EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC		Y	\$42.98
L8020*		BREAST PROSTHESIS MASTECTOMY FORM		Y	80% OF BILLED
L8030*		BREAST PROSTHESIS SILICONE OR EQUAL		Y	80% OF BILLED
L8035*		CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL	Y	Y	\$2,775.53
L8039*		BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
L8040		NASAL PROSTHESIS	Y	Y	\$1,151.34
L8041		MIDFACIAL PROSTHESIS	Y	Y	\$1,387.80
L8042		ORBITAL PROSTHESIS	Y	Y	\$1,559.33
L8043		UPPER FACIAL PROSTHESIS	Y	Y	\$1,746.45
L8044		HEMI-FACIAL PROSTHESIS	Y	Y	\$1,933.57
L8045		AURICULAR PROSTHESIS	Y	Y	\$1,226.76
L8046		PARTIAL FACIAL PROSTHESIS	Y	Y	\$1,247.46
L8047		NASAL SEPTAL PROSTHESIS	Y	Y	\$639.32
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS		Y	80% OF BILLED
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR, 15 MIN.		Y	\$19.92
L8100*		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE MEDIUM		Y	\$27.96
L8110*		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE HEAVY		Y	\$27.96
L8120*		ELASTIC STOCKING BELOW KNEE SURGICAL		Y	\$27.96
L8130*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE MEDIUM		Y	\$27.96
L8140*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE HEAVY		Y	\$27.96
L8150*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE SURGICAL		Y	\$27.96
L8160*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH MEDIUM		Y	\$27.96
L8170*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY		Y	\$27.96
L8180*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY		Y	\$27.96
L8190*		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS MEDIUM		Y	\$27.96
L8200*		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS SURGICAL		Y	\$27.96
L8210*		GRADIENT COMPRESSION STOCKING CUSTOM MADE		Y	\$78.19
L8220*		GRADIENT COMPRESSION STOCKING LYMPHEDEMA		Y	\$27.96
L8230*		GRADIENT COMPRESSION STOCKING GARTER BELT		Y	80% OF BILLED
L8239*		GRADIENT COMPRESSION STOCKING NOT OTHERWISE SPECIFIED		Y	80% OF BILLED

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L8300*		TRUSSES SINGLE WITH STANDARD PAD		Y	80% OF BILLED
L8310*		TRUSSES DOUBLE WITH STANDARD PADS		Y	80% OF BILLED
L8320*		TRUSSES ADDITION TO STANDARD PADS WATER PAD		Y	80% OF BILLED
L8330*		TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD		Y	80% OF BILLED
L8400*		PROSTHETIC SHEATH BELOW KNEE EACH		Y	80% OF BILLED
L8410*		PROSTHETIC SHEATH ABOVE KNEE EACH		Y	80% OF BILLED
L8415*		PROSTHETIC SHEATH UPPER LIMB EACH		Y	80% OF BILLED
L8417*		PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH		Y	\$56.40
L8420*		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH		Y	80% OF BILLED
L8430*		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH		Y	80% OF BILLED
L8435*		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH		Y	80% OF BILLED
L8440*		PROSTHETIC SHRINKER BELOW KNEE EACH		Y	80% OF BILLED
L8460*		PROSTHETIC SHRINKER ABOVE KNEE EACH		Y	80% OF BILLED
L8465*		PROSTHETIC SHRINKER UPPER LIMB EACH		Y	80% OF BILLED
L8470*		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH		Y	\$17.05
L8480*		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH		Y	\$17.05
L8485*		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH		Y	\$9.00
L8490*		ADD TO PROSTHETIC SHEATH/SOCK AIR SEAL SUCTION RETENTION SYS		Y	\$94.09
L8499*		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC		Y	80% OF BILLED
L8500*		ARTIFICIAL LARYNX ANY TYPE		Y	80% OF BILLED
L8501*		TRACHEOSTOMY SPEAKING VALVE		Y	80% OF BILLED
L8505*		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE		Y	80% OF BILLED
L8507*		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY		Y	\$32.90
L8509*		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED		Y	\$85.78
L8510*		VOICE AMPLIFIER		Y	\$198.52
L8699*		PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED		Y	80% OF BILLED
Q0188		CUSTOM MOLDED SHOE (DIABETICS ONLY)		Y	80% OF BILLED
V2623		PROSTHETIC EYE PLASTIC CUSTOM	Y	Y	\$976.85
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	Y	Y	80% OF BILLED
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	Y	Y	80% OF BILLED
V2626		REDUCTION OF OCULAR PROSTHESIS	Y	Y	80% OF BILLED
V2627		PROSTHETIC EYE SCLERAL COVER SHELL	Y	Y	80% OF BILLED
V2628		FABRICATION AND FITTING OF OCULAR COMFORMER	Y	Y	\$285.36
V5266		BATTERY FOR USE IN HEARING DEVICE			\$1.18
W2934		PKU METABOLIC FOOD			80% OF BILLED